BEADWEANTS	CTL V TLD	DEPARTMENT	OF	THEAT	TT
MIAKTIANI	SIAIR	THEARTMENT	T P	Hr.AI.	

2411 N. Charles St., Baltimore

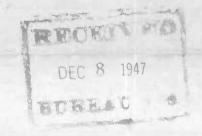
CERTIFICATE OF DEATH

11949

	Reg. Dist. No
2. USUAL RESIDENCE (HOME) (For newborn infants give residence of	
State The Man	ouoty
City or town (1f outside city or town lim	and.
Street No. 9 D (Ifrural, gi	Ve LOCATION)
2.(a) If veteran, name war	
	3. (b) Social Security Number
MEDICAL O	CERTIFICATION
20. DATE OF DEATH Dec	2, 1947, at 1:40 P
21. I CERTIFY that death occurred on the date a	
7	947, 10 Duente 2 1947
and that I last saw halive on	18 4
Immediate cause of death	DURATION
Come arte	nisolutic my
1 9	ent dreems yes
Due to	
Due fo	
Other conditions	
(Include pregnancy within	3 months of death)
ຄ	
Major findings of operations	
940	Date of op
Autopsy results	which death should be charged statistically.
22 Vani FNCE. If death was due to external o	auses till in the tollowing:
22. VIOLENCE: If death was due to external of	
Accident, suicide, or homicide	Date ot
	Date ot
Accident, suicide, or homicide	Date of
Accident, suicide, or homicide	Date of
Accident, suicide, or homicide	Date of
Accident, suicide, or homicide	Date of

1. PLACE OF DEATH: (If outside city or town limits, write RURAL and give nearest town How long in above place of death?. Hospital, Institution, or street address where death occurred: How long in hospital or institution?. 3. (a) FULL NAME 6.(b) Name of husband or wife. S.(c) If alive, give age ... 7. Birth date of deceased (mo., day, yr.) Months Days It less than one day 8. AGE: Years ...hrs. 9. Birthplace...... (Town County, and state) 10. Usual occupation. 11. Industry or business 12. Name 13. Birthplace 14. Maiden na 15. Birthplace 14. Maiden name. Dec 3 1 (month) (day) (year (Burial, cremation, or removal, Which?) Date Thereof 18. Funeral director

(Date rec'd by registrar)



MARYLAND STATE DEPARTMENT OF HEALTH

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City of town. (If outside city or town limits, write RURAL and give nearest town) How long in above place of dealh? 1 month, 1 day	State D.C. County Cily or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of deals? Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. I month, 1 day	Street No. 1116 7th St., N.W. (Ifrural, give LOCATION)
How long in hospital or institution? 1 month, 1 day	2.(a) It veteran, name war
3.(a) FULL NAME ANDERSON, Frank	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Col married	20, DATE OF DEATH
6,(b) Name of husband or wife. Myrtle Anderson 6.(c) If alive, give age	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 17. No.vemb.er. 19. 117 to 18. Dec. 19. 147
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day Section Section	Immediate cause of death OURATION Hypertensive Heart Disease indef With uremia
9. Birthplace	Due to Nephriti Chronic 136
12. Name ANDERSON, Lewis dec 13. Birthplace La.	
14. Malden name CURETON, Emmerline dec.	Major fiedings of operations
16. Informant Wife: Mrs. Myrtle Anderson Address 1116 7th St., N.W., Wash., D.C.	Aotopsy resolts
17. burial Date thereot. 12-23-17. (month) (day) (year)	
Cemetery or crematory Arlington National Location Arlington, Va.	Where did injury occur? (City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral director W. Ernest Jarvis Address 1132 U St., N.W., Wash., D.C.	Means of Injury Injured at work? R. COOPER Lt. MC USN
19. 12-19 19.47 Mary C. Patterson Mary C. Patterson Mary C. Patterson Registrary	23. SIGNATURE M. D. or other M. D. or other Address USNH Bethesda, Md. Date signed 12-19-17

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2411 N. Charles St., Baltimore

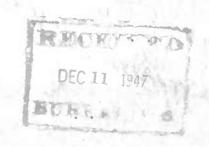
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11351

CERTIFICATE OF DEATH

Rog. Dist. No. 216

1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
Rethesda (miral)	State D.C. County		
(If outside city or town limits, write RURAL and give nearest town)	Washington D.C.		
How long in above place of death? one month, 7 days	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 611 Florence St., N.E.	1	
US Naval Hospital, Bethesda, Md.	(If rural, give LOCATION)		
How long in hospital or institution? 1 Mon, 7 days	2.(a) tf veteran, name war WWII		
3. (a) FULL NAME	3. (b) Social Security Number		
ATKINSON, William			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
male Col. married	20. DATE OF DEATH 8 Dec. 19 47 31 6:	05.A	
6.(b) Name of husband or wile Hannah R. Atkinson	21. I CERTIFY that death occurred on the date above stated; thal I allended deceased from	1 -	
6.(c) If alive, give ageyears	31 Oct. 19 17 to 8 Dec. 19		
m m m m m m m	and that I last saw h im alive on 8 Deca 19	4.7	
deceased (mo., day, yr.) December 27, 1909	Immediate cause of death	ATION	
8. AGE: Years Months Days If less than one day	Carcinoma of Panereas 14v		
37 11 11nrsmin.	Dec 46	- Dec 47	
S.C.	Bus to	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
9. Birthplace	Due (U		
1D. Usual occupationunknown	-		
	Due to		
11. Industry or business 12. Name ATKINSON, Lemmel, dec.			
12. Name ATKINSON, Lemmel, dec. 13. Birthplace S.C.	Dther conditions		
	(Include pregnancy within 3 months of death)		
14. Malden name McDoul, Mary dec. S.C.			
S.C.	Major findings of operations		
	Date of op.		
16. Interment Wife: Mrs. Harnah R. Atkinson	Autopsy results. Confirmed above PHYSICIAN: Please underline the cause to which death should be charged statistically		
Address 611 ilorence St., N. E., Jash., D.C.			
	22. VIOLENCE: If death was due to external causes, fill in the tollowing:		
17. burial (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Arlington National	Where did injury occur?		
	Injured at home, farm, industry, public place (where?)		
Location Arlington, Va.			
18. Funeral director. W. Ernest Jarvis	Means of Injury a. E. Marland, gr. 24(2) 9.	nc us	
Address 1432 U St., N.W., Washe, D.C.	TA THE MEASURE THE THE THE MEASURE METERS AND METERS AN	USN	
19. 12-8- (Date ree'd by registrar) 19. (Date ree'd by registrar) 19. (Date ree'd by registrar) 19. (Date ree'd by registrar)	M. D. or other		
19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	ar Address USNH Bethesda, Md. Date signed 12-8-47		



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The

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11250

CERTIFICAT	E OF DEATH Reg. Dist. No. Y!	4
1. PLACE OF DEATH: County City or town (If outside city or town limits, write RURAL NEAR and give town) Street address, hospital, or institution: Stay in hospital or inst. (yrs., or mds., or days) Stay in this community (yrs., or mos., or days)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants glyk residence of mother) State County City or town (If outside city or town limits, write RURAL NEAR and give town) Street No. 583 (If rurat give LOCATION) 2(a) IF VETERAN, NAME WAR	
3. (a) FULL NAME Catherine a. Baldwar	3. (b) Social Security Numb	ber
4. Sex Fesnal 5. Color or race 6.(a) Single, married, widowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE OF DEATH 12 - 2 7 19 4 7 7	12 A
5 (b) Name of husband or wife	Immediate cause of death Caicanama hleure 4 A drepa Oue to Other conditions My ocar dial heart Aireal (Include pregnancy within 3 months of death) Major tindings: Ot operations Annually death	19 4 7. 9 4 7. 9 4 7. DURATION 1 1/2 N PHYSICIAN Please underline cause to which the should be reged statisti-
17. (Burial, cremation, or removal. Which?) Cemetery or crematory Location 18. Funeral director Address 5 7 3 2 19. Obec 77 (Date rec'd by registrar) Date thereof 102 - 29 - 47 (month) (day) (year) (month) (day) (year)	22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide	y Di

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

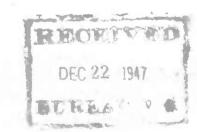
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11353

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county Montgomery	State Maryland County Montgomers	
City or town (If outside city or town limits, write RURAL and give nearest town)		
How long in above place of death?	Cily or town Sandy Spens	arest town)
Hospital, institution, or street address where death occurred:		
The Montgomery County General Hospital 2	Street No	
How long in hospital or Institution?	2.(a) It veteran, name war	
3. (a) FULL NAME	3. (b) Social Security	Number
Mr. Milton H. Bancrox+	·	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male white Married.	20. DATE OF DEATH December 11 1947	15:34P.
	2f. I CERTIFY that death occurred on the date above stated; that I attended dece	
/	Dee-11 19.46 10 Dec. 11	
7. Birth date of	and that I last saw h / M alive on Det	
deceased (mo., day, yr.)	Immediate cause of death	DUBATION
8. AGE: Years Months Days It less than one day	Gresmia	3 days
81 11 10hrsmin.	2	/3
9. Birihplace New to M. Maggachusetts (Town, county, and state)	Due to Telemonic Introduce	2
	nephrites	
1D. Usual occupation Tetired.	Due fo	
f1. Industry or business		
12. Name Mr. William Bancroxt 13. Birthplace Mt. Vernor, New Hampshire	Dther conditions	
13. Birthplace Mf. Vernor, New Hampshire.		
# 14. Maiden name Martha Barrey	(include pregnancy within 3 months of death)	
	Major findings of operations.	
15. Birthplace Lowell, Mass-		
16. Intermant Hospital records	Autopsy results	etatictica#e
Address		statisticany.
17 Barial Date thereof Lec. 13-47	22. VIOLENCE: If death was due fo external causes, fill in the following;	
(Burial cremation, or removal. Which2) Date thereof. (month) (day) (yesr)	Accident, suicide, or homicide	
Cemelery or crematory.	Where did Injury occur?	(State)
Location Truss as Atteling House	tnjured at home, farm, Industry, public place (where?)	
Marila of the formally on	Means of Injury Injured at work?	
fB. Funeral director	(h 01	
Address Ollus aa, fil a	23. SIGNATURE ACC S	
19 Dec 12 19 47 Sertude B Lawler (Date rec'd by registrar Registrar	0 1 6. ! M. D.	or other
(Date rec'd by registrsr) Registrar	Address Jandy Spring Mo. Date signed	12/12/47



1. PLACE OF DEATH:

How long in hospital or institution? 3. (a) FULL NAME

(Date rec'd by registrar).

4. Sex

PLEASE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT

,	1100
E OF DEATH	Reg. Diat. No. 245
2. USUAL RESIDENCE (HOM (For newborn infants give resid	TE) OF DECEASED: ence of mother)
Slate	County
WASH	1116901
	vn limits, write RURAL and give nearest town)
7411	3 59 NW
direct No. 200 Annual a	× · · · · · · · · · · · · · · · · · · ·
(If rur	ral, give LOCATION)
2.(a) It veteran, name war. Wo	MUNA
	3. (b) Social Security Number
BERIO	0.(0) 500500
MEDICA	AL CERTIFICATION
20. DATE OF DEATH LOGG	mle 24 1947 at 11 25A
21. I CERTIFY that death occurred on the	date above stated: that t attended deceased from
	19
and that t last saw halive on	
Immediate cause of death	DURATION
Herranhare	and shock
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,

7. Birth date of deceased (mo., day, yr.)	JAN		(c) If alive, give ageyear 924
8. AGE: Years 23	Months	Days	It less than one day
	711E	county, and	atate)
11. Industry or business 12. Name DO 13. Birthplace		BA	PRERIO
		INA	MARISCO
16. Informant B.A.A. Address 39/0		ABB	ERIO
(Burial, cremation, o	r removal. Which?	Date the	reot (month) (day) (year)
Location	ez fen	- 1/	20 SG.

or town limits, write RURAL and give nearest town)

SINGIE

How tong in above place of death DEAL DM AFFIVA

Hospital, Institution, or street address where death occurred:

PHYSICIAN: Please underline the caose to which death shoold be charged statistically

(Include pregnancy within 3 months of death)

23. SIGNATURE

. Date signed L L. 25



2411 N. Charles St., Baltimore

11355

CERT	IFI	CATE	OF	DE	TL
CCKI	$\mathbf{I}\mathbf{\Gamma}\mathbf{I}$	CAIL	VI	LJC.	AIF

Reg. Dist. No. 714

I. PLACE OF DEATH: County	state Maryland county Montgomery City or town Silver Spring (If outside city or town Britts, write RURAL and give nearest town) Street No. 8119 Georgia Ave	
3. (a) FULL NAME	3. (b) Social Security Number	
MRS. MARGARET E. BARNES	none	
4. Sex S. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Female White Widowed	20. DATE OF DEATH Recember 12 1947, of 7:05Pm	
6,(b) Name of husband ACKEJohn. TBarnes	21. I CERTIFY that death occurred on the date above stated; that I affended deceased from 19 4 10 19 4 7 19 19 19 19 19 19 19 19 19 19 19 19 19	
8. AGE: Years Months Days If less than one day	Immediate cause of death OURATION	
77 6 7hrsmin.	litta e	
9. Birthplace Maryland (Town, county, and state) 10. Usual occupation. Housewife 11. Industry or business Own Home 12. Hame John E. Turner	Due to. Due to. Due to.	
3. Birthplace Maryland	(Include pregnancy within 3 months of death)	
14. Maiden nameAugusta Clark	Major findings of operations	
Address 8119 Ga. Aye., Silver Spring, Md.	Antopsy results	
17. Burial Date (hereof Dec. 15. 1947 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery OCHERCHE Colesville Cemetery	Where did injury occur?	
Location Golesville, Md. 18. Funeral director. Warnery G. Jumphray	Injured at home, farm, Industry, public place (where?) Means of Injury tnjured at work?	
Address 8434 Ga. Ave., Silver Spring, Md. 19. Dec 15 19 47 Juephur & Schoof for (Date rec'd by registrar)	23. SIGNATURE TEACH G. Sack M. J. M. D. or other M. D. or other Addres 52 18 th. Ave Slover Lang Date Signed 12-13-447	

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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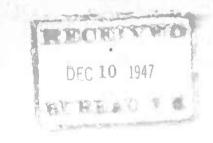
PAN P

MARYLAND STATE DEPARTMENT OF HEALTH

2411	N.	Charles	St.	Baltimore

	CERTIFICATE OF DEATH	Reg. Diat. No. 714
PLACE OF DEATH: unity U.C.T.E.P.IV (11 outsyde city or town limits, write RURAL w long in above place of death? spital, institution, or street address where death occurred: w long in hospital or institution?	and give nearest town) State City or town City or town	wn limits, frite RURAL and give nearest town)
3. (a) FULL NAME OTTO BA	U.P.	3. (b) Social Security Number
	1	AL CERTIFICATION 6- 1947 3:45
7. Birth date of deceased (mo., day, yr.) July 26	70	e date above stated; that I attended deceased from 19 4 7 10 10 19 4 7 DURATION Gadio Vascala DURATION
B. Birthplace J. UTheRVIIIe (Town, county, and state)		Luce
11. Industry or business 12. Name	WS (Include pregnancy	within 3 months of death)
16. Informant PAUL BASER Address 7000 VALS ST C	Aotopsy results	Date of op
Address 17. Buriol (Burial, cremation, or removal, Which?) Cemetery or crematory. Location Bulland Prises.	Where did Injury occur?(City	Date of
18. Funerat director. 5th Hayes Address 2901 14th St	Meens of Injury 23. SIGNATURAL CAN	J. Luker M. D. or other

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MARYLAND STATE DEPARTMENT OF HEALTH

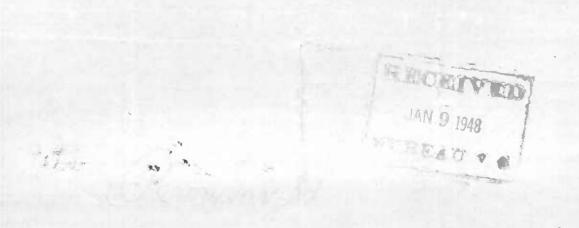
2411 N. Charles St., Baltimore

11357

CERTIFICATE OF DEATH

Reg. Dist. No. 2/7

PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montg mery	State Maryland County Montgomery
City or fown. (If outside city or town limits, write RURAL and give nearest town)	Dippy Bankaville
How long in above place of death? / day	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or streel address where death occurred:	Streef No. Route 97
Montgomery County General Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
WALTER JOHNSON BEALL	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Married	20. DATE OF DEATH December 16 1947 31 2:07 PM
6.(b) Name of husband or wife. Marie M.	21. I CERTIFY that death occurred on the date above stafed; that I attended deceased from
6.(6) Name of husband or wife	November 3 1947 10 Dec. 16 1947
7. Birth date of years	and that I last saw h
deceased (mo., day, yr.) March 5, 1884	Immediate cause of death
8. AGE: Years Months Days It less than one day	Carcinoma of Stomach months
63 9 //hrsmin.	with Multiple Metastases
8. Birthplace Montgomery County, Md.	Due fo.
	Due 10
10. Usual occupation. Caretaker	Due 10.
11. Industry or business	Due to
12. Name James H. Beall 3. Birthplace Virginia	Diher conditions
2 13. Birthplace	(Include pregnancy within 3 months of deuth)
14. Maiden name Elizabeth Morgon 15. Birthplace Maryland.	Major findings of operations
2 15. Birthplace Maryland.	Date of op.
16. Informant Mrs. Merie M. Beall	Autopsy results.
2 140.110 001	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
17. Borial, cremation, or removal, Which?) Date thereof DEC-19-1947. (mouth) (day) (year)	Accident, suicide, or homicide
Cemetery or eremetery CONGRESSIONAL	Where did injury occur? (City or town) (County) (State)
Location MASHING TON - DC	Injured af home, farm, Industry, public place (where?)
18. Funeral director Warnes & Cumphry	Means of Injury Injured al work?
Address SILVER SPRING - MID.	23. SIGNATURE Kichael a. Yata, M. D.
19. 19 - 19 19. 47 Gestrude B Jawler Registrar	Address RRD= 3 Rockville, Md Date signed 12/16/47
(Date rec'd by registrar) Registrar	Addless



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VS A15

	CERTIFICATI	E OF DEATH	Reg. Dist. No	214
1. PLACE OF DEATH: County	and give nearest town)	2. USUAL RESIDENCE (HOME) OF (For newborn Infants give residence of restate	id . write RURAL and give near	est town)
How long in hospital or institution?		2.(a) It veteran, name warN.O		
3. (a) FULL NAME	NDERSON BENCH		3. (b) Social Security I	lumber
	NDERSON BENGEL id, widowed, or divorced	MEDICAL CE	RTIFICATION	
F W Widowed		20. DATE OF DEATH Decemb	Lev 3 1047	at 1:00 Pm
6.(b) Name of husband or wifeFrederickBen. 7. Birth date of		21. I CERTIFY that death occurred on the date about 19.3 and that I last saw h. A.c. alive on	ve slated; that Lattended dacea	ned trom 19.54.7
deceased (mo., day, yr.) Apr. 27 1867 8. AGE: Years Months Days It is	ess than one day	Immediate cause of death		DURATION
o. Add.	hrsmin.	Circhoses S	Para	8-10 ym:
9. Birlhplace Scottland (Town, county, and state)		Oue to.		a
10. Usual occupation		gowalized ass	lesco Gellerona	8-10 y
11. Industry or business 12. Name John Henderson 13. Birthplace Scotland		Other conditions		4 months
14. Malden name Janet Angus Scotland		(Include pregnancy within 3 m		
Address 124 Hilltop Rd. Si		Antopay results		tatisticaDy.
17Burial Date Ihereot	12/6/47 (month) (day) (year)	22. VIOLENCE: tt death was due to external cause Accident, suicide, or homicide	Date of	
Cemetery or Krambion, Druid Ridge Ceme	tery	Where did injury occur?(City or town)	(County)	(State)
Location Pikesville, Md.		Injured at home, tarm, Industry, public place (wh		
18. Funeral director WM a Ja TICKNER & SONS	S INC.	Means of Injury	Injured at work?	
Address North & Pa . Aves	Baltimore, Md.	23. SIGNATURE DE BUILDE	rdrop ml	rother
19. (Date rec'h by registrar)	Dm Registrar	Address 943 Bonefaid of	Date signed A	RC 3, 47

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

			21	1-	
9.	Dist.	No.	1	9	

CERTIFICAL	E OF DEATH Reg. Dist. No. 216
1. PLACE OF DEATH: County VYTON 1904 PY L CO.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or lown	State MANY HANT & County County Of town Silver Sort W. G.
How long in above place of death 12-11-47 Hospital, institution, or street address where death occurred: SUBUY BAN HOSPITAL, Betheed, Md.	City or town. Sin Vev. Sp. 1. 19 (If outside city or town limits, write RURAL and give nearest town) Street No. 8409 Dixovi Ave. (If rural, give LOCATION)
How long in hospital or institution? 12-11-47	2.(a) If veteran, name war
3. (a) FULL NAME Mr Adolph Beragren	3. (b) Social Security Number 491-72-8391
4. Sex 5. Color or rate 6.(d)Single, marked widowed, or divorced W100WED	MEDICAL CERTIFICATION 20. DATE OF DEATH. 12 - 18 - 47 19 47 21 10 P. 18
8.(b) Name of husband of LY192 Bengg Nevy (Dec.) 6.(c) If alive, give age years 7. Birth date of	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.
deceased (mo., day, yr.) VVI	Immediate cause of death lost failure OURATION
9. 8irihplace OS bouy Me Mo (Town, county, and state) 10. Usual occupation Might Watch Way 11. Industry or business CANADA DRY BOTTLING Co	Due to Carais Pascular Due 10.
12. Name CARL BERGGREH. 13. Birthplace SWEDEN.	Other conditions
14. Malden name Emma Duradown 15. Birthplace Sweden.	(Include pregnancy within 3 months of death) Major findings of operations.
16. Informant MRS POY MILLER - DAUGHTER Address 8409 DIXON AVE - SILVER SPRING	Autopsy Crinite 10 Lune 2 Lune
17. Burial, cremation, or removal. Which?) Date thereof 12-21-1947 (month) (day) (year)	22. VIOLENCE: If death was due to externat causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory 120, WASH. INEMORIAL	Where did Injury occur?
Location RIGGS RO, PRINCE GEORGES Co. MO 18. Funeral director Comer & Pumphing m.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work?
Address School Sfring - Wed 19. 12/20 19.47 Mas & Jobes (Date rfc'd by registrar) 8 Registrar	23. SIGNATURE (Van M. D. or other M. O. or other M

FOR BINDING RESERVED MARGIN

UNFADING INK. Supply every item of ant. Physicians: please write the causes

WITH UNF.

PLEASE WRITE

information carefully. The correct age of death clearly and legibly.

Mrs goles 5.2 maple Redge Ret.



age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11360

216

Date signed..

CERTIFICATE OF DEATH

CERTIFICA					LE OF DEATH Reg. Dist. No	210		
PLACE C	Montg	ome ry			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
Ity or town					City or town Washington (If outside city or town limits, write RURAL and give nearest town)			
					Street No. 1662 Primrose Road, N.W.	arest town)		
low long in ho	spital or Ins	titulion?	one	month	2.(a) If veteran, name war	V		
B. (a) FULL	NAME	BI	SHOP, I	Emmett Cyrus	3. (b) Social Security	Number		
. Sex	5.	Color or race	8.(a)Single	, married, widowed, or divorced	MEDICAL CERTIFICATION			
male		W-US	si	ngle	20. DATE OF DEATH December 17 19 47	11:40P		
i,(b) Name of	husband or v	wife	***************************************		21.1 CERTIFY that death occurred on the date above stated; that I attended dece November 17 pec. 1	ased from 7		
. Birth date of	1	June 1	6.(¢) If allve, give ageyears	and that I last saw halive on 17 November	1947		
deceased (m	Years	Months	Days	If less than one day	Immediate cause of death	DURATION		
B. AGE:	54	6	2		hypercensive neart pisease			
ID. Usual occi	upation r business	unknown	1	tate)	Due to			
12. Name		HOP, Fra	nk		Other conditions Pyelonephritis	***************************************		
		WILLIAMS	Kata		(Include pregnancy within 3 months of death)			
_		Wales			Major fieddings of operations			
15. Birthp					confirmed above			
16. Informant	mo: M	rs. Kate	Bishor houser	I.W.,Wash.,D.C.	PHYSICIAN: Please noderline the cause to which death should be charged statistically.			
			_		22. VIOLENCE: If death was due to external causes, fill in the following:			
17					Accident, suicide, or homicide			
					Where did injury occur?	(State)		
Location	Arl	ington,	Va.		Injured at home, farm, Industry, public place (where?)			
10 Eupocol d	Waster W	. W. CHA	MBERS	CeB.	Means of Injury Injured at work?			
Address]	1400 C	hapin St	N. V	Wash D.C.	11-20-a			
19	12-18	19 47	Mary(d. Patterson	23. SIGNATURE H. A. SOOPER, MC USIN, D. USIN, D. USIN, Bethesda, Md	12-18-47		

Registrar

Address ...

A15 SA

PLEASE

12-18 (Date rec'd by registrar)



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore 940

CERT	IFIC	ATE	OF	DEAT	Ή	

D:	- 4	No		Y	14	
1	1	3	6	1		

A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Many County The John Many
	City or town Hilsen Saring Merchand
How long in shove place of death?	(If outside city or town limits, write RUKAL and give nearest town)
BOLT EASTERN AVE	Street No. 80 / T. F. M. A. M. A. M. (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war. No.
3. (a) FULL NAME	3. (b) Social Security Number
	1ESSE 214-28-2513.
4. Set 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W. MARRIED	20. DATE OF DEATH DEC 19 19 42 at 130 EM
8.(6) Name of hosband or wife SER TO No KATE CO DELAN	21. I CERTIFY that death occurred on the dale above sieled; that I affended deceased from
a (a) It allow also any bill warm	19.30 10
7. Birlb dala of	and that I tast saw h. A.1.2 alive on D. A. G
deceased (mo., day, yr.) TUNE 24, 1876 8. AGE: Years Months Days If less than one day	Immediate cause of death
7/ 5 25hrsmlo.	CARAKITRY THROMBOSIS 15/ Kouro
8. Sirthplace M.J. YERNON WENTUCKY (Town, county, and state)	Due to TINGINIA PECTORIS 3 MICS
10. Usual occopation BETAL FILE STATE STATES MEN	Dus to IFBIERIO SOLEBBASIS LENETRES
11. Industry or business GRAHITM HALL REPLIEN	
12. Name BLOOMER, FRANCIS MARION 13. Birthplace	Dther conditions
	(Include pregnancy within 3 months of death)
14. Malden come. T. J. P. F. P. P. P. C	Major findings of operations.
	Date of op.
16. loformant MRSa MA De BUDOMER	Antopsy results
Address 8DIT FASTERN AVE	22. VIOLENCE: tf death was due to external causes, till in the following:
17. Burla L Date Ihereof DEC - 22 - 1947 (Burial, cremation, or removal. Which?)	Accident, suicide, or homicide
Cemelery or crematery FORT LINCOLN	Where did injury occur?
Location PRINCE GEORGES CO. MO	Injured el home, farm, Industry, public place (where?)
	Means of injury Injured at work?
18. Funeral director (Carrella Carrella	010mit/11 ma
Address SILVER SPRING - 170	23. SIGNATURE M. D. or other
19 Ale 10 (Date rec'd by registrar) 18 47 Josephure in Chaeffe	Address Address Address Md Date signed 12 19 47
\\ \tag{\tag{\tag{\tag{\tag{\tag{\tag{	

RECEIVED DEC 26 1947

FT HEAL 6 1 State rather was farmesteen - 1988 and

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charfes St., Baltimore

CERTIFICATE OF DEATH

11362 Rog. Dist. No. 217

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	-4
City or town 10. Chwille	State Mary land County Montgomery
(If outside city or town limits, write RURAL and give nearest town)	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	
Hospital, Institution, or street address where death occurred:	Street No. R. F. D. Near Batdale
	(If rural, give LOCATION)
How long to hospital or institution?	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
3. (a) POLL NAME	3. (0) Social Security Number
1115. Beatrice Meeve la	Oready.
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Female white Mairied	20. DATE OF DEATH December 3 1947 at 9:38A.M
Female Muite Married.	ZU. DATE OF DEATH.
6.(6) Name of husband or wife M1. Calvin Bready	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
C.7	7/1/ 1957, to December 3 1847
7. Birth date ot	and that I last saw h @ / alive on 11 2 0 / 18 4 7
deceased (mo., day, yr.) November 19, 1865	
8. AGE: Years Months Days If less than one day	
01 0 111	acette Cardine 5 mm
	J. M. J. Market Committee of the Committ
9. Birthplace	Que to Talionie Myrcardella Glass
(Town, county, and state)	Hypertrustre 11
10. Usual occupation Housew. De	
	Due to
11. Industry or business	
= 12. Name Thomas H. Neeve	Other conditions
12. Name Thomas H. Neeve	
	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations.
S 15. Birthniace	Date of op.
18. Informant Afra Calvin Dicady	Autopsy results
Address Rockville, md.	
12-6-47	22. VfOLENCE: It death was due to external causes, fill in the tollowing;
(Burial, cremation, or regional Which?) (month) (day) (year)	Accident, suicide, or homicide
16 1/1.1.	
Cemetery or crematory 1. 12 Cemetery 1. 12	Where did injury occur?
Levelle had	Injured at home, farm, industry, public place (where?)
200	Means of Injury Injured at work?
18. Funeral director W - Wenter Sanahkil	moune or injury
Deali illo hall	
Address Fewerer Find	23. SIGNATURE
Die 6- 167 Stand Byziel	M. D. or other
(Date registrar)	Address Sandy Speing Md Date signed 12/4/47

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DEC 22 1947

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The Lord Edward Commence

Car smay " Mary 21 1.

Retragiliant Apanie

2411 N. Charles St., Baltimore

11363

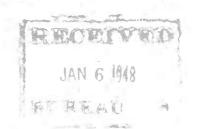
CEPTIFICATE OF DEATH

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County Men Aomery City or town. Bethesda (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, Institution, or street address where death occurred: Subuxban Hospital How long in hospital or Institution? 22 days 3. (a) FULL NAME Breck, Mr. bewis Te	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Mary and County Montgornery City or town Declarated County State RURAL and give nearest town) Street No. 5 6 5 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
Male White Married widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH D.C. 29. 19.47 artico A.
6.(b) Name of husband or wife Dean Bxeck 7. Birth date of deceased (mo., day, yr.) Feb. 9, 1895 8. AGE: Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4 10 2 19. 4
52 10 20 hrs. min. 9. Birthpiace St. Louis, Missouri (Town, county, and atate) 10. Usuat occupation. Manager	Oue Chriseiphiles à Chilette
11. industry or business Philo Corp- 12. Name Robert Breck 13. Birthpiace St. Louis, Mo.	Other conditions
14. Maiden name Ellen Mansue 15. Birthplace New Hampshine 16. Informant Mcs. Sean TSReck Address 56 D Roose velt St. Bethesda Mcl	Major findings of operations and the Company results of the death of the Control
17	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director. Address Tash, O.C. 12129 47 mm Elles	Means of Injury Injured at work? 23. SIGNATURE M. D. or other
19. (Date rec'dzby registrar) Registrar	Address Bellhesdals Md Date signed 12-29-4

MARGIN RESERVED FOR BINDING

WITH ENFADING INK. Supply every item of information carefully. The correct age important. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE PLAINLY, VS A15



PLEASE WRITE PLAINL

VS A15

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11364 Reg. Dist. No. 223

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgomery	state Mary land county Montgomery
City or town	City or town (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? One year two man has been death?	
260 Maple Avenue	Street No. 260 Maple Avenue. (If rural, give LOCATION)
How long in hospital or institution? Mursins home, 14 months	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Eliza Jusan	Burnett
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 35
Female White Widowed	20. DATE OF DEATH December 1947 at 8 A
B.(b) Name of husband or wife ISAGC C. Burnett	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	February 16, 18 47 10 Dec. 1 18 47
1. Sirth date of deceased (mo., day, yr.) October 17 1886	and that I last saw h. S.C. alive on Des. s. to. Lex 1947
8. AGE: Years Months Days If less than one day	Immediate cause of death Aug. S. S. P. A. S. OURATION
6/ /4min.	Edema 13hr.
9. Birthplace Bedford County Vo	Queto Carrelized Arteriosclerosis
(Town, county, and state)	V Arteriascleratio Heart Disease 5 ym +
1D. Usual occupation House wite	Due to
11. Industry or business Home	
12. Name Samuel J. White	Other conditions Diabeter Mellitus 5415
\$ 13. Birthplace 13 ad tord lounty Vo.	(Include pregnancy within 3 months of death)
# 14. Maiden name MASSOURI Jane Dellins	Major findings of operations.
2 15. Birthplace Bed ford County Va	Date of op.
18. Informant Mrs. Eva A 4derson heier	Autopsy results
Address 4108 Fairfax Ave. Landover Hills Md	PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Berrial Date thereof 12.3-47	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Dashs Call. Cemetury	Where did injury occur?
Location Smithaudy med	Injured at home, farm, Industry, public place (where?)
18. Funeral director ADWG hambles Cop	Msans of Injury Injured at work?
Address Riverdall sixt	of on Tion I me!
Alexa 2 4) Fillishan ADTIL	23. SIGNATURE. M. D. or other M. D. or other
19. (Date rec'd by registrar) Registrar	Address Tak ama Rock 12 Ma Date signed 12-1-47



2411 N. Charles St., Baitimore

CERTIFICATE OF DEATH

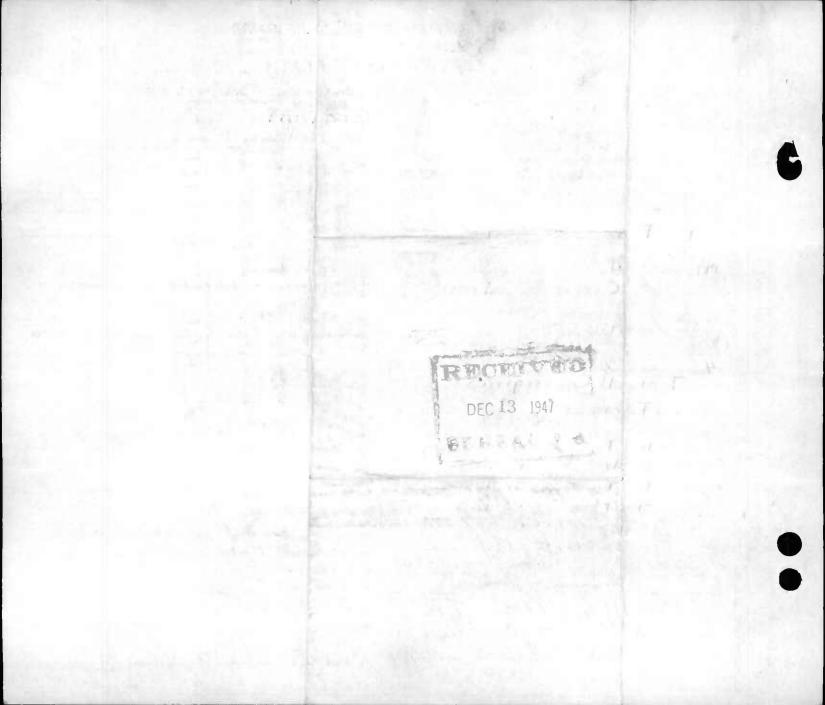
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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Movitaovinery	State Friavylavid County
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? Since 12-3-47	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: SU BUT DAM HOS 8600 Old George to win Rd-Bethresdy my	
How long In hospital or Institution? Since 12-3-47	
	2.(a) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mr James Catron	None
4. Sex 5. Color of race 6. (2)-singly, married, married,	MEDICAL CERTIFICATION
cu m	20. DATE OF DEATH 12-8 1947 at 3 A M
6.(b) Name of husband or wife Carrie E Catron	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of	
deceased (mo., day, yr.) YVQ4 5, 1899	and that I last saw h
8. AGE: Years Months Days it less than one day	immediate cause of death
48 7 3hrsmin.	
9. Birlhplace Ton Libert (Town, county, and state)	Due to
1D. Usual occupation FANNI er	
	Due to
11. Industry or business 12. Name John R. Catron	Other conditions Perstantia
	Other conditions
2 13. Birthplace With a Co. Virginia	(Include pregnancy within 3 months of death)
14. Malden name. Margaret Brown 15. Birthplace Synith Co. Virginia 16. Informant Mrs. Carrie Catron	Major findings of operations. Defaaled appardix
\$ 15. Birthplace Smith Co. Virginia	acute Supposetive as pendelities of 08 12-3-47
16. Informant Mrs Carrie Catron	Autopsy results
Address Poolesville Md 13FD	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, till in the following:
17. Surv. Q. Date thereof. Delc. J. 447. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory 170 70 C 3C 4	Where did Injury occur?
Location Bealls ville, Md	Injured at home, tarm, industry, public place (where?)
18. Funeral director William B. Hilton	Means of InjuryInjured at work?
Address Bornesville, Md	23. SIGNATURE WB FOR SIGNATURE M. D. or other
19. (Date ree'd by registrar) 19. 47. Mr. 5 follow Registrar	M. D. or other Address Libriban Nip slat Date signed 12-8-4.7

FOR BINDING

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VS A15

correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore CERTIFICATE OF DEATH 9400

11366

Reg. Dist. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgomery	
City or town. Chevy. Chase. (If outside city or town limits, write RURAL and give nearest town)	State County County
(If outside city or town limits, white RORAL and give hearest town) How long in above place of death?Sudden death	City or town
How tong in above place of death?	1 3 : n 3 - 1 V/11
Opposite 331 Willard Ave.	Street No. 33 O 3 3 Y (16 roral, give LOCATION)
How long in hospital or institution?	
	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Joseph Gale Chapman	
4. Sex 5. Color or race 6.(u)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M	
marisea marisea	20, DATE DF DEATH ALEX 1.3 1954.7 at S
6.(6) Name of husband or wife Three Medices	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
O (A) Mallow also	19, to
7. Birth date of	and that t tast saw halive on
deceased (mo., day, yr.)	Immediate cause of death DURATION
8. AGE: Years Months Days If less than one day	DEP. MED. EXAM. CASE.
approx 78	1
00. 5 1/2	Comment reclinion
9. Birlhplace (Town, county, and state)	Due to Cococcup accused
10. Usual occupation. Net ohouse raleague	
	Due to
11. Industry or business	
12. Name	Dther conditions
12. Name	
	(Include pregnancy within 8 months of death)
14. Maiden name	Major findings of operations.
≥ 15. Birthplace	Date of op.
16. Informant Caritrus Jale Chapman	Autopsy results
- 1.0	PHYSICIAN: Please underline the cause to which death aboutd be charged statistically.
Address 5310-13 8N	22. VIOLENCE: If death was due to external causes, fill in the following;
17 Date thereof Date thereof	Accident, suicide, or homicide
(Burial, cremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory Formula Complexy	Whore did injury occur? (City or town) (County) (State)
Location Culpierer Va-	Injured at home, farm, Industry, public place (where?)
118111	Mesns of Injury Injured at work?
18. Funeral director A Third Land	1-12
Address 2901-14A7 21 W	Truck & 1 Fromhast M. D.
1/11 118 74- 300	23. SIGNATURE M. D. or other
(Data rec's by registrar) Registra	Dep/ Med. Exam. Date signed 1/3/48
(Date tre u b) registrar)	Gaithersburg, Maryland

JAN 8 1948

James Conting

3901-1444 3160

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

Reg. Dist. No.

A. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery City of the Rockville	state Maryland county Montgomery
(If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death? 29 yrs.	City or town Rockville (If outside city or town limits, write RURAL and give nearest town)
Hospilal, Institution, or street address where death occurred: 15 South Wall Street	street No. 15 South Wall Street
Name	(If rural, give LOCATION) 2 (n) If veleran name war None
now long in nospital of matterioris.	2.(a) If veteran, name war IVOITE
3. (a) FULL NAME OSCAR BERNARD CLENDENING	3. (b) Social Security Number None
4. Sex 5. Cotor or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male White Single	20. DATE OF DEATH Dee 19 19 47 3:10
6.(b) Name of husband or wife None	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
	1942 10 Dec 19 194
7. Birth date of	and that I last saw by alive on the
deceased (mo., day, yr.) 8. AGE: Years Months Days If tess than one day	Immediate cause of death
81 81min.	array occurrent
9. Birthptace Hillsboro Va. (Town, county, and atate)	Due to
Potinod	valuis serieusis
10. Usual occupation	Oue to
11. Industry or business	•
Thomas Russel Clendening 13. Birthplace Hillsboro, Va.	Other conditions
14. Malden name Sarah Hane Balthis String Clerk County, W. Va.	(Include pregnancy within 3 months of death)
S Birthabes Clerk County, W. Va.	Major fiediogs of operations.
Mr. Hugh R. Thompson	Date of op.
10. (inclinant	Actopsy resolts
Address Rockville, Maryland	22. VIOLENCE: If death was due to external causes, fill in the following:
17 Burial Bate thereof Dec. 22 1947 (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
(Burial, eremation, or removal, Which?) (month) (day) (year)	
Cemetery or crematory Hillsboro Cemeter Company	Where did injury occur?
Location Hillsborg, Virginia	injured at home, farm, industry, public place (where?)
18. Funeral director WM. Kenderen Lumblege	Means of Injury Injured at work?
Address Rockville, Maryland	15/1/2. ho
SPAR	23. SIGNATURE M. D. or other
19. 13. 21 19. 47 Colored to the rec'd by registrar (Date rec'd by registrar)	Address Two Arellog In Date signed 12/20/4

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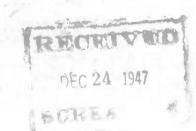
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VS A15



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MARYLAND STATE DEPARTMENT OF HEALTH

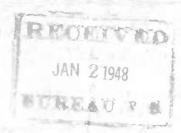
2411 N. Charles St., Baltimore

11368

CERTIFICATE OF DEATH

og. Dist. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
county montgornery	State Kevitucky county Kenton	
City or town		**********
How long in show place of death? 21 days	City or town	est town)
Hospital, institution, or street address where death occurred: DUV DAY HOS	Pital 639 W. 9th St	
1600 Old George town Rd. Bethesda Md	(If rural, give LOCATION) Unknown	. /
How long to hospital or Institution? 2. 2.	2.(a) tf veteran, name war. UTKHOWH	
3. (a) FULL NAME	3. (b) Social Security N	umber
Raymond Duncan Cobb	Unknown	
4. Sèx 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	.15
	000 26 47	75
m Widowed	20, DATE OF DEATH. 19.	it
6.(b) Name of husband or wife TMANH B.Cox Cobb (Dec.)	21. I CERTIFY that death occurred on the date above stated: that I attended deceas	ed from
	Dep med. 19. 10.	19
7 Right date of	and that I last saw halive on	19
deceased (mo., day, yr.) Apr. 3 1878 8 A.F. Years Months Days If less than one day	Immediate cause of death	DURATION
o. Aue.		
69 8 23min.	Show	1 day
9. 8irthplace Coving ton Kentucky	Due to tracker of both hope	2 days
10. Usual occupation Net x ed 7		
10. Usual occupation	Due to	•••••
11. Industry or business		
# 12. Name Sylvan ds A. Cobb	Other conditions	
13. Birthplace Union Maine	(Include pregnancy within 3 months of death)	
# 14. Maiden name Elizabeth Buncan		
14. Maiden name Elizabeth Buncan 15. Birthplace Cynthiana, Kentucky 16. Interment Wildred McFarland Chaught	Major findings of operations	
21 15. Birthplace C UMF MI AMA REM THE MILE	Date of op.	0 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
	Autopsy results	atistically.
Address 8508 Garfield-Betheed Md		
ם מוסיב של היים ביים ביים ביים ביים ביים ביים ביים	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide.	24.47
17. Burial -Transit (Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)		
Cemetery or crematory Spring Grove Cemetery	Where did injury occur?	(State)
Location Cincinnati, Ohio	Injured at home, farm, Industry, public place (where?)	
		nd
18. Funeral director	Fred & Brenchent M.S.	
Address Bethesda, Maryland	23. SIGNATURE	
12/27/47 " 2pm E lakes	M, D, or	other
19. 12/27/47 19. (Date rec'd by registrar) Registrar	Address Jacobsenking ma Date signed !	2-26-47



WRITE

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11369

CERTIFICATE OF DEATH

Dist No 223

	Nog. Diet. Normannannan
1. PLACE OF DEATH: County South of the County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town
How long to hospitat or institution? January San	Street No. 507 FLL'S COORTH ORIVE (If rural, give LOCATION)
	2.(a) If veteran, name war
3. (a) FULL NAME COLLINS, MRS. MINNIE 4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Fe Male WHITE Div.	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 4 19.47 21 8 35
6.(b) Name of husband or wife MR. Chase C. COLLINS 7. Birth date of deceased (mo., day, yr.) 9-20-1879	21. I CERTIFY that death occurred on the date above states; that I attended deceased from 11-29 19. 7. to 12-4 19. 4. and that I last saw had a live on 12-4-7. 19.
8. AGE: Years Months Days If less than one day 2 /fhrsmin.	Immediate cause of death DURATION
9. Birthplace WASHING TON O.C. (Town, county, and atate) 10. Usual occupation. Advanced for the state of the	Due to
12. Name SOHN Q. A. DAMS CURTIN	Other conditions
14. Maiden name MARCARET FURDSIA WHEELER 15. Birtholace MARY LAND	(Include pregnancy within 3 months of death) Major findings of operations
16. Informant CARSITIANG FOR SANITARIUM + JOSPITAL Address TAKOMA PARK, MARYLAND	
17. Burial (Burial, cremation, or removal, Which?) Date thereof Dec. 8, 1917 (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery or crematory Glenwood Cemetery	Where did injury occur?
18. Funeral director Warner 3- Jumphrey	Misens of Injury Injured at work?
Address 8434 Seorgeo aven John Spring Md.	23. SIGNATURE Dean & Harding on D
19. (Date rec'd by registrar) Registrar	Address // 3 Carvel St M Date signed 125)



PLEASE

MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 214

1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
- 1	state Maryland county Montgomery
City or town Silver opring, Forest Glen) (If outside city or town limits, write RURAL and give nearest town)	City or town Silver Spring, (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town) Street No. 10005 Rosensteel Ave.
10005 Rosensteel Ave.	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Robert Conroy	
4. Sex 5. Color or race 6.(a) Single, married, widowed or divorced	MEDICAL CERTIFICATION
male white married	20, DATE OF DEATH 2 3/ 19.547, 21 ? A
6.(b) Name of history wife Mary T.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	and that I last saw h alive on case 19.
7. Birth date of deceased (mo., day, yr.) Jan. 1st. 1886	and that I last saw halive on
deceased (mo., day, yr.) Jan. 1st. 1880 8. AGE: Years Months Days If less than one day	Immediate cause of death
61 11 29min.	D
	Due 19 Best Alexander 32 Grander
9. Birthplace Ireland (Town, county, and state)	
10. Usual occupation. Lawyer	Don't de la company de la comp
11. Industry or business	Due Io
12. Name John Conroy Is Birthplace Ireland	Other conditions
In 13. Birthplace Ireland	(Include pregnancy within 3 months of death)
E 14. Maiden nameAnne. Hogan	
15. Birthplace Ireland	Major findings of operations
16 Informant Mrs. Mery Conroy Winter	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 10005 Rosensteel Ave.	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Burial Date thereof Jan. 3rd. 194 (month) (day) (year)	Accident, suicide, or homicide
Cometery or crematory. St. Johns	Where did injury occur? (City or town) (County) (State)
Location Forest Glen, Montg. Co. Md.	Injured at home, farm, industry, public place (where?)
18. Funeral director Marries & Bump area	Means of injury Injured at work?
1 · · · · · · · · · · · · · · · · · · ·	Thank J. Broschart M. J.
Address Silver Spring, Md.	23. SIGNATURE
18 Date rec'd by registrar) 18 48 Josephins ly School fe	Address Gaitherlang pol Date signed 1-1-48



correct age

ADING INK. Supply every item of information carefully Physicians: please write the causes of death clearly and

PLAINLY, WITH UNF.

WRITE

PLEASE

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ARGIN RESERVED FOR BINDING

CERTIFICA	TE OF DEATH	Reg. Dist. No	716
1 PLACE OF DEATH: County MONTGOMERY	2. USUAL RESIDENCE (HOME) Of (For newborn infants give residence of	F DECEASED:	
City or town DETh Esda	State MARY LAND County MONTGOINERY		
(If outside city or town limits, write RURAL and give nearest town)	- /:		
How long in above place of death?	City or town (If outside city or town fimit		nearest town)
Hospital, institution, or street address where death occurred: Subgraphy. Hospital. 86.00 Old Groy4FTown.	Street No. MONTGOMERY		*******************************
Duby R DAN HOSPITAL 8600 010 GFOY 4F 10000 How long in hospital or institution? 23 DAYS	(lfrural, give 2.(a) It veteran, name war	LOCATION)	
3. (a) FULL NAME		3. (b) Social Securit	y Number
JAMES MARTIN CKOWN			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced		ERTIFICATION	65
MALE WHITE WIDOWED	20. DATE OF DEATH 14. Dec	ember 1947	,5 = p
6.(b) Name of horsend or wife VEENIE FRANCES CROUN	21. I CERTIFY that death occurred on the date about Dec. 19.	ove stated; that I attended de	ceased from
7. Birth date of		Dec	19.4.).
deceased (mo., day, yr.) // AROA 20, /88/ 8 AGF- Years Months Days If less than one day	Immediate cause ol death	,	DURATION
	" Congestive heart ta	lune	2 Months
66 8 24hrsmin.	2.0		
9. Birthplace MONT GOMERY COUNTY, MARY LAND	Due 10 Mumaria, 200	ar	***************************************
1D. Usual occupation LABORER	Bus to		
11. Industry or business	Gue 10	••••••	****
	Other conditions		
12. Name. GEORGE CROWN 13. Birthplace MONTGOMERY G. M.D.	Direct Conditions		****
	(Include pregnancy within 3 i	months of death)	
E A L A A A A A A A A A A A A A A A A A	Major findings of operations	***************************************	
Vilar Malai B Cura	Autopsy results Not Done	Date of op	
16. Informant VOIST HALEY - LAUGHTER	Autopsy results. Not Done PHYSICIAN: Please underline the cause to w		d statistically.
Address 142 MAYLE HVE. NEWSINGTON, M.D.	22. VIOLENCE: If death was due to external cau		
17. BurlaL (Burlal, eremation, or removal, Which?) (Burlal, eremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory LAYHILL METHODIST CH.			10=055500000000000000000000000000000000
	Where did injury occur?(City or town)	(County)	(State)
Location LAYMILL, MONTE, CO. MO	Injured at home, tarm, Industry, public place (w	here?)	
18. Funeral director allames & 6 Lingalinery	Meens of injury	Injured at work?	
Address Selve Spring. yold.	as consider Claus	reer mil)
19 12/16 1842 Mr & Julas	23. SIGNATURE	A P P M. D	or other
(Date rec'd by registrar) Registrar	Address Junevval / 160	Colland Date signer	15 Nec4



PLEASE WRITE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

9201

11372

CERTIFICATE OF DEATH

Per Dist No. 216

/	2
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
county Montgomery	
City or town Be the sda (rural) (If outside city or town limits, write RURAL and give nearest to	State D.e.C.e County
How long in above place of death? 21 days	City or town Washington (If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	(If outside city or town limits, write KUKAL and give nearest town)
US Naval Hospital, Bethesda, Md.	Street No. 4221 Edson Place, N.E.
How long in hospital or institution? 21 days	
	2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
DEIANEY, Arthur (n)	
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male Col married	20. DATE OF DEATH. December 21 19 147 at 2:10A
6.(b) Name of husband or wife. Cladys Delaney	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(0) Name of nusband of wife	
7. Birth date of Appell 2 1800	and that I last saw h im alfe say 24 Dec.
deceased (mo., day, yr.) April 3, 1895	11.11.0.11
8. AGE: Years Months Days If less than one day	Immediate cause of death. And Andrew Andrew DURATION
52 8 21 hrs.	
	min. with Congestion Fallers down
9. Birthplace (Town, county, and state)	Due to
T	
	Due to
11. Industry or business Nash - Helw. Corp	
E 12 Name Delaney, Arthur dec.	Dither conditions
Va.	
	(Include pregnancy within 8 months of death)
14. Maiden name Anderson, Susan dec	Major findings of operations
≥ 15. Birthplace	Date of op.
16. Informant Wife: Mrs. Gladys Delaney	
1.007 174 77 37 77	
Maried	22. VIOLENCE: It death was due to external causes, till in the tollowing;
burial (Burial, cremation, or removal, Which?) Date thereot (month) (day) (ye	
(Burial, cremation, or removal, Which?) (month) (day) (ye	
Cemetery or crematory	Where did injury occur?
Arlington, Va.	Injured at home, larm, industry, public place (where?)
18. Funeral director McGuire Funeral Home 9.E.M.	Means of Injury August at work?
	The state of the s
Address 1820 9th St., N.W., Wash., D.C.	23. SIGNATURE
19. 12-24 19. 47 Mary C. Patterson Mary C. Patterson	USNH Bethesda, Md. 12-21-47
(Date rec'd by registrar)	USNH Bethesda, Md. 12-21-47



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

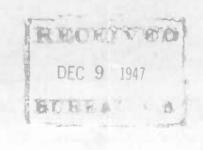
54a

11373

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1: PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Mentgemen	The desired and the second
City or town	State County County
How long in above place of death? 5 years 4 months	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 808 Kenniher avenue,
808 Kennelie avenue	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
JOSEPH HENRY DIGGS	
4. Sex 5. Color or race 6.(a) Single, married, wildowed, or divorced	MEDICAL CERTIFICATION
Man White Married	2D. DATE OF DEATH DEC 24 1047, at 2:30 PM
6, (b) Name of husband or wife Ero M. Aliggs	21. I CERTIFY that death occurred on the date above stated; that I allended doceased from
00	1 1941 10 Dec 3 194
7. Birth date ot Second	and that I last saw h
deceased (mo., day, yr.) Tebruary 10, 1883	Immediate sause of death DURATION
8. AGE: Years Months Days It less than one day	Thoblashing of light
64 9 24min.	Swetch loto of Chair
3. Birthplace andusur County Tennesee	Due to.
(Town, county, and state)	Due to an analysis of the second seco
1D. Usual occupation Bouleu	Post As
11. Industry or business Barber Shop	Due to
The inflation of the control of the	
	Differ conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Mary Grubt 15. Birthplace Dungser	ta 1,5 1941_
15. Birthplace Lynnesser	Major findings of operations.
Ja. C 40.	Date of op.
10. Informati	PHYSICIAN: Please underline the cause to which desth should be charged statistically.
Address 808 Kinnelle Cim. Infine Park. Md.	
17 Burial Date thereof Lac. 6. 1947	22. VIOLENCE: It death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory George Washington Memorial Cemeley	Where did injury occur?
Mag. Rs Hyutewall Md.	Injured at home, farm, Industry, public place (where?)
Location Agg A Hyullivia	Means of injury Injured at work?
18. Funeral director.	(A) 1, ~ 1, 0, 0
Address VS4 Coursel at Surage Tack. D.C.	V23. SIGNATURE Case M. Hollin
One 5 42 At Man A Dal	23. SIGNATURE
19. (Date ree'd by registrar) Registrar	Address 500 Wedenson Date signed 12/4/4/

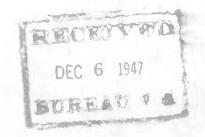


Reg. Dist. No ...

(County)

(State)

DURATION



FADING INK. Supply every item of information carefully. The Physicians: please write the causes of death clearly and legibly

PLAINLY, vis especially

WRITE

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

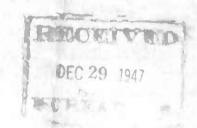
2411 N. Charles St., Baltimore

12376

CERTIFICATE OF DEATH

Reg. Dist. No. 72/6

1. PLACE OF DEATH: County Moulgonely	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MANA (AM) County MONGOMEY 4
City or town (If ortside city or town limits) with any itAL and give nearest town)	Sity or town Classic buse
How long In above place of death?	Street No.
How long in hospital or institution?	(If rural, give LOCATION) 2.(a) It veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
John J. Dorsey	Martin State with
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divosced	MEDICAL CERTIFICATION
male colored Single	20. DATE OF DEATH. Dec. 23, 19.47 21.9 P. A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 7eb - 8, 1903-	and that I last saw h. I.M. alive on 2.3 Alcounty 19.4.
8. AGE: Years Months Days It less than one day	" Hypertensive Cardio Vascular Lineare with Several Mont
44 10 15min.	O' Conquitive failure
9. Birthplace Jevsqleum Wld- (Town, eounty, and state)	Due to Cerebral human hage 2 days
10. Usual occupation Farm worker	Due to
11. Industry or business	DUC IV.
12. Name Wesley Dorsey	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Julia Moore 15. Birthplace Jersaleum, Md-	Major findings of operations.
2 15. Birthplace Jersaleum, Wld-	Date of op.
16. Informant Mary Chaney (Sister	Autopsy results. Not done PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address Same	22. VIOLENCE: It death was due to external causes, till in the tollowing:
Burial, cremation, or pempyal. Which?) Date thereof. (month) (day) (year)	Accident, sulcide, or homicide
Cemetery or crematory weeks the med	Where did Injury occur?
Location Mantany mel	tnjured at home, tarm, industry, public place (where?)
18. Funeral director Borbon	Means of Injury Injured at work?
Address of tomalle my	Dan Bruer MA
121 Huto Mr & Ondes	23. SIGNATURE M. D. or other
19. (Date red'd by registrar) Registrar	Address Luliu Van Adspital Md Date signed 24 Dec 47



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11376

CERTIFICATE OF DEATH

N. N. 214

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Montgomery	The same of the sa	
Cliy or town Silver Spring (If outside elty or town limits, write RURAL and give nearest town)		
How long in above place of death?	City or town. Silver Spring (if outside city or town limits, write RURAL and give nearest town)	
Hestital North Min. for street address where death occurred:	Sireet No. 9311 Old Bladensburg Rd.	
9311 Old Bladensburg Road	(If rurai, give LOCATION)	
How long in hospital or institution?	2.(a) If veteran, name war. Ho	
MRS. CLARA A. EASTMENT	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
female white widowed	20. DATE OF DEATH Recember 10 19.47 at 10,67A	
5.(b) Name of husband or wife. George W.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from	
	Getaber 1945 to 12-10 1947	
7. Birth date of	and that I last saw h.A. A. alive on	
deceased (mo., day, yr.) NOV. 19th. 1947	Immediate cause of death	
8. AGE: Yeare Months Days If less than one day	Preumine otermind 12 hours	
81 0 21hrsmin.	Cerebral Edema. I week.	
9. Birthplace Delmer, Iowa (Town, county, and state) 10. Usual occupation Housewife	Due to Manhaeleri Arthroach via	
11. Industry or business 12. Name		
	Other conditions	
3 13. Birthplace New Hampshire	(Include pregnancy within 3 months of death)	
14. Malden name Elsie Dustin 15. Birthplace New Hampshire	Major findings of operations.	
15. Birthplace New Hampshire	Date of op.	
16. Informant Mr. George W. Eastment, Jr.	Autopsy results	
Address 931 Old Bladensburg Rd.	22. VIOLENCE: If death was due to external causes, fill in the following:	
Burial Burial Date thereof 12-13-1947 (month) (day) (year)	Accident, suicide, or homicide	
(Burial, cremation, or removal. Whieh?) (month) (day) (year) Cemetery or crematory		
	Where did injury occur?	
Location Washington, D. C.	injured at home, farm, industry, public place (where?)	
18. Funeral director Warnes & Punjahny.	Means of Injury Injured at work?	
Address Silver Spring, Md.	PPA- 1 m A	
	23. SIGNATURE P. P. Andrews M. D. or other	
(Date ree'd by registrar)	Address Malungton B. C. Date signed 12-10-47	

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

0 17

	Reg. Diat. No.	L
1. PLACE OF FATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
City or town (If outside city or town life is, write RURAL and give nearest town) How long in above place of death? Rospital, institution, or street address where death occurred: Row long in hospital or institution?	State Maryland County Montgomery City or town Olney (If outside city or town limits, write RURAL and give neares Street No. Hollow Tree Farm (If rural, give LOCATION) 2.(a) If veteran, name war None	t town)
3. (a) FULL NAME JOHN O	E ATON 3. (b) Social Security Nu None	mber
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced Married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 1947. 26	425/F
6.(b) Name of husband or wife. Lillian A. Eaton ? 7. Birth date of Y.	21. I CERTIFY that death occurred on the date above stated; that I attended decease:	19.47
deceased (mo., day, yr.) Unknown 8. AGE: Years Months Days If less than one day 70 70 ? hrs. hrs.	Immediate cause of death	DURATION
9. Birthplace. Iowa City, Iowa (Town, county, and state) 10. Usual occupation. Retired 11. Industry or business 12. Name Clinton Eaton 13. Birthplace Unknown	Due to. Caremona of Blooder Due to. Daremona of Blooder Dither conditions I mply sena.	4 y
14. Maiden name Belinda Mitcheal 15. Birthplace Port Jarvis, New York 16. Informant Hospital Records	(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Antopsy results.	
Address Montgomery County Gen. Hosp. 17. Cremation (Burlal, cremation, or removal. Which?) Cemetery or crematory. Cedar Hill Crematory.	PHYSICIAN: Please underline the cause to which death should be charged stated and the cause of t	
Location Washington, D.C. 18. Funeral director Communication of the Com	Injured at home, farm, Industry, public place (where?) Meens of Injury Injured at work? 23. SIGNATURE M/ D.or o	2 M



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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

11378 Reg. Dist. No. 2/3

CERTIFICATE OF DEATH

1. PLACE OF DEATH: 1 gamery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give regidence of mother)
Ralling	State Mary land county Montgomery
(If outside city or down limits, write RURAL and give nearest town) How long in above place of death?	City or town
Rospital, institution, or street address whele death occurred:	Street No.
Suburban Hospital	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veleran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
4 Sox 5. Color or race 6.(a) Single, married, widowed, or different	monstor) none
5. Color or race 6.(a)Single, married, wildowed, or different	MEDICAL CERTIFICATION
maxe wine parried	20. DATE OF DEATH. ALC: 49 18 7 21 3 1 M
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
	4 Dec 1947 to 9 Dec 1947 and that I last saw h (20 1947 1947 19
1. Birth date of deceased (mo., day, yr.) Sept-12, 1875.	Immediate cause of death DURATION
8. AGE: Years Months Days It less than one day	Caronery Humbiosos 24hr
72 2 1/1hrsmin.	
9. Birthplace	Due to Uslavio Sclasso 1090
1D. Usual occupation. TAKMEN	Due to
11. Industry or business Ratings	500 10.
12. Name JOHN Brooke Edmonston	Dither conditions
Z 13. Birthplace Brooke ville, Md-	(Include pregnancy within 3 months of death)
E 14. Maiden name Nakhiet D. 401 t	Major fiudings of operations
14. Maiden name Mac. C. M. C.	Date of op.
16. Informant	Antopsy results.
Address Same-	PHYSICIAN: Please underline the cause to which death should be charged statistically.
(Burial, cremation, or removal, Which?) Date thereof. (month) (day) (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
Cemetery of crematory. 2 - Suche Linean Complexes	Where did Injury occur?
Location Locarison, maryland O	Injured at home, farm, Industry, public place (where?)
18. Funeral director Wom . Random Premponer	Msens of injury injured at work?
0 , 200, 0	1000 muslum
1 9000	23. SIGNATURE
19. 12 12 19. 17 Charged by registrar (Registrar)	Address Cochuello Med pie signed 12 80 C. A.



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

., Baltimore

CERTIFICATE OF DEATH

11379

	Reg. Diat. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery City or town D. Ney Mary Land (If odtside city or town limits, write RURAL and give nearest town)	State Mary Land County Howard
How tong In above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. R # 1 Box 40
The Montgomery County General Hospital &	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) It veteran, name war
3.(a) FULL NAME	3. (b) Social Security Number
Mr. Lruin Fincham	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white Married	20. DATE OF DEATH December 16 1947 at 6:25A.
6.(b) Name of husband or wite Mos. Violas Fincham	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from to December 16 19.47
7. Birth date of deceased (mo., day, yr.) September 7, 1903.	and that I last saw h i.m. alive on December 16 1947
8. AGE: Years Months Days It less than one day	Immediage cause of death OURATION
8. AGE: 44 3 //hrsmin.	Terrala 15monhage / day
9. Birthplace Madison Cirginia (Town, county, and state)	Oue to Cearlis Vascular distant
10. Usual occupation — Lakorer	
11. Industry or business	Due to
13. Birthplace Yirginia	Other conditions
14. Maiden name Margaret Dodson 15. Birthplace Dirginia	(Include pregnancy within 3 months of death) Major findings of operations.
E 15. Birthplace Dirginia	Date of op.
18. Informant Hospital records.	1-
Address	Autopsy results
2 . 0	22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
(Buriai, cremation, or removal, Which?)	
Cemetery or crematory Emonanual Cemeters	Where did injury occur?
Location Scaggielle, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director WeWith Dorsheldson.	Means of injury tnjured at work?
Address Laurel, Tod.	23. SIGNATURE.
19 Dec 16 1947 Serbrude B Lawley Registrar	G. 1. Si 21.
(Date took by tegistrat) (Registrat	Audiess



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The

MARGIN RESERVED FOR BINDING

CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DE	EATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County. MONT	gomery			Want come	
			URAL and give nearest town)	City or lown Chevy Chase, (If outside city or town limits, write	
How long In above place	e of death? 7. VI	S			
Hospilal, institution, o	or street address where	death occurred	i: 	Sireel No. 4804CresentStr	reet
3. (a) FULL NAN		11.72			
3. (a) FULL NAM	Jame	s B.	Fineron		
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL CERT	IFICATION
Male	White	Ma	rried	20, DATE OF DEATH December 30t	h 18 47 al 9:30P
6.(b) Name of husban	d or wife.Marga	ret B	. Fineron	21. I CERTIFY that death occurred on the date above state	
			c) If alive, give ageyears	19	
7. Birth date of deceased (mo., day			1896	and that I last eaw halive on	
8. AGE: Yea		Days	If less than one day	DEP. MED. EXAM. CAS	E
51	7	18	hrs,min.		
			state) .S. Covernment	Due to Coronary Occlusio	Died Suddenl
10. Usual occupation		. @i ∰ ∰ - Lut Auti	Ф (Пъ в пр «П с д с пр	Due to	
		inero	n	Other conditions	
	New York				
			Mawer	(Include pregnancy within 3 months	
H 14. Malden nam	. Carolin	7777	1	Major findings of operations	
≥ 15. Birthplace	Unicago,	1111	1015		
16. Informant A.T.	s. Finero	11		Autopsy results	eath should he charged statistically.
Address Wil	fe-Same			22. VIOLENCE: If death was due to external causes, fi	
17 Cremat	tion on, or removal. Which	. Date the	reof Jan 2, 1948 (month) (day) (year)	Accident, suicide, or homicide	
(Burial, crematic	on, or removal. Which	Hill	(month) (day) (year) Crematory	Where did injury occur?(City or town)	
			0	Injured al home, farm, industry, public place (where?)	
18. Funerat director	When	bru	Genepterey	Means of Injury	Injured at work?
	thesda, M		/ /	of all don	tehm. 1).
			· / .	23. SIGNATURE PROSESSION OF THE PROSESSION OF TH	M, D, or other
19.	19. 48		Registrar	Dep. Med. Exar	Cyl 2 rade signed 12/30/47

512 mars Pros



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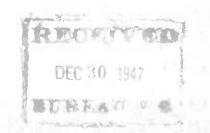
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11381 Reg. Dist. No. 223

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Mon + gomery	State Mary LAND county Montgomery
City or town (If outside city or town limits, write RURAL and give hearest town)	
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred! WASHINGTON JAN ITANIUM & HOSpital	Street No. 9805 Br/sto/Auc.
13 N N 15	2.(a) If veteran, name war
How long in hospital or institution?	
3. (a) FULL NAME	3. (b) Social Security Number
4 Sax 5, Color or ace 6,(a)Single, married, widowed, or divorced	A CONTROL OF THE CASE OF THE C
	MEDICAL CERTIFICATION
MALE White	20. DATE OF DEATH Sic 28, 19 47 at 8: 30 p. M
6.(6) Name of husband or wife MAS. Maude E. gordon.	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6 (c) If alive give age years	Occarter 4, 18 47, 10 Loc 28, 19 49.
7. Birth date of	and that i last saw h
deceased (mo., day, yr.) 100 100 11 less than one day	Immediate cause of death
56 6 8hrsmin.	
9. Birthplace Georgetown, Ma.	Ove to Carcinoma of Bladde Q-11100
(Town, county, and state)	Primero
10. Usual occupation Building Superintendent	Oue to
11. Industry or business	
12. Name Charles F. Sondon 13. Birthplace Chester town	Other conditions Carling of Tung
13. Birthplace Chester town	(Include pregnancy within 3 months of deard)
14. Maiden name HAHIE CUMPINGHAM	
14. Maiden name HATTIE CUMPING RAM 15. Birthpiace Philadelphia PERAA. 16. Informant WASLINGTON SANITAVIUM + HOSPITM	Major findings of operations family Comments of op. 12-5-47
16. Informant WASKINGTON SANITATION & Hospital	Actopsy resolts.
	PHYSICIAN: Please underline the cause to which death should he charged statistically.
Address TAKOMA PARK M.O.	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal. Which?) Oate thereof. Alc. (Month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory H. Junealu Cemetery	Whers did injury occur?
Location Bladensberg KR, Br. Dec. Co., End.	Injured at home, farm, industry, public place (where?)
. /	Msans of tnjury Injured at work?
18. Funeral director.	
Address 2, 401 14th st fr wy. WASh.	23 SIGNATURE Terdinand Edelisis In S
10 Nec 25 1047 FITTINA NORTH	DZEE O TOW M. D. of other
(Date rec'd by registrar)	Address 35 Cyl St. Date signed 224



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PLEASE WRITE PLAINLY, WITH WAFF is especially important.

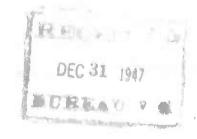
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

2			
3		2	7 4
		 6	16

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) D.C.
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town)	State County County Washington
(If outside city or town limits, write RURAL and give nearest town)	City or town
How long in above place of death? 1 mo., 10 days Hospital, institution, or street address where death occurred:	Street No. 4506 13th St., N.W.
US Naval Hospital, Bethesda, Md.	(If mino) wine LOCATION)
How long in hospital or institution? 1 mo.,10 days	2.(a) If veteran, name war. WWII
3. (a) FULL NAME	3. (b) Social Security Number
GRAHAM, Thomas Joseph	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W-US single	20. DATE DF DEATH December 27 19 17 21 7:06 P
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 17 November 19 47 to 27 Dec. 19 47
7. Birth date of Tanana 200 3 000 0	and that I last saw h im alive on 27 Dec. 19 47
deceased (mo., day, yr.) January 30, 1919	Immediate cause of death. O
8. AGE: Years Months Days If less than one day	340
28 10 27hrsmin.	
9. Birthplace No Jo (Town, county, and state) 1D. Usual occupation Occupation	Due to. Chanic Slamater - 4.1
11. Industry or business	
12. Name GRAHAM, Thomas 13. Birthplace Pa.	Other conditions Harbare 640
	(Include pregnancy within 3 months of death)
14. Maiden name McDonald, Rose Pa. 15. Birthplace	Major fiedings of operations.
Pa.	Date of op.
16 Intermant Mo: Mrs. Rose Graham	Actorsy results. Confirmed about
Address 4506 13th St., N.W., Wash., D.C.	PHYSICIAN: Please underlise the cause to which death should be charged statistically.
Audiess	22. VIOLENCE: If death was due to external causes, fill in the following:
burial 12-31-17 [Burial, cremation, or removal. Which?] Date thereof 12-31-17 (month) (day) (year)	Accident, suicide, or homicide
Cemetery or crematory Arlington National	Where did Injury occur?
	Injured at home, farm, industry, public place (where?)
Location Arlington, Va.	Means of Injury Injured at work?
18. Funeral director. W. W. CHAMBERS	2 2
Address 1400 Chapin St., N.W.	23. SIGNATURE JONES, Jr., Lt. (ig) MC USAF
12-29 47 Mary C. Patterson	
19. 12-29 19 47 Mary C. Patterson Registrar	USNM Bethesda, Md. Date signed 12-29-47



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11383

CERTIFICATE OF DEATH

Reg. Diat. No. 2/8

1. PLACE OF DEATH: Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn fufants give residence of mother)		
Dovido	Slate Maryland County Montgomery		
City or town Boyds (If outside city or town limits, write RURAL and give neurest town)			
How long in above place of death? 35 years	City or town BOYds (1f outside city or town limits, write RURAL and give nearest town)		
Hospilal, Institution, or street address where death occurred:	Street No. None		
How long in hospital or institution? None	(If rurai, give LOCATION) 2.(g) If veteran, name war NONE		
3. (a) FULL NAME	3. (b) Social Security Number		
ELIZABETH S. GRUNEELL	None		
4. Sex 5. Color or race 6.(a)Single, married, wildowed, or divorced	MEDICAL CERTIFICATION		
Female White Widowed	20. DATE OF DEATH DECEMBER 78 1947 21/1:30 P: M		
6.(6) Name of husband or wife Arthur Gruneell	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from		
C (a) Malling of massard of mice.	October 2, 1947, 10 Vecember 28, 1947		
7. Birth date of deceased (mo., day, yr.) July 26, 1880	and that I last saw h. E.B. alive on Desember 75 19 47		
deceased (mo., day, yr.) JULY 20, 1000 8. AGE: Years Months Days It less than one day	Immediate cause of death interiosclustic condus DURATION		
67 67 5 2min.	vascular disease 5 grs.		
	To til Hilling		
9. Birthplace Frederick County, Maryland (Town, county, and state)	Due to Rheumalaid arthriles 7 years.		
10. Usual occupation Housewife	Bus to Secondary Inluna - Friently		
11. Industry or business Home	Due to The to Th		
Teni Cooley			
12. Name. 1011 Cooling 12. Name. Maryland 13. Birthplace Montgomery County, Maryland	Dther conditions		
	(luclude pregnancy within 3 months of death)		
14. Malden name Caroline Thomas	Major findings of eperations		
15. Birthplace Montgomery County, Maryland	Date of op.		
16. Intermant Mrs. J. T. Reid (sister)	Autopsy results.		
Address Boyds, Maryland	PHYSICIAN: Please enderline the cause to which death should be charged statistically.		
	22. VIOLENCE: If death was due to external causes, till in the tollowing:		
17. Burial Date thereof Dec. 31, 1947 (Burial, cremution, or removal. Which?)	Accident, euicide, or homicide		
Cemetery or crematory Monocacy Cemetery	Where did injury occur?		
Location Beallsville, Maryland	injured at home, farm, industry, public place (where?)		
18. Funeral director. W.M. Rowson, Lumphman	Meens of Injury Injured at work?		
	0 Q V 7M 10		
Address Rockville, Maryland	23. SIGNATURE M. D. or other		
19. Ale 30 1947 (Israela) 4 Chille Registrar	Address Danuseus Md. Date signed 12 179 (4)		
(Date rec'd by registrar) Registrar	Address Date signed Annual Date		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

00 216 Reg. Diat. No

1. PLACE OF DEATH; Montgomery County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
How long in above place of death? 32 hrs. Hospital, Institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 32 hrs.	City or town. Washington (If outside city or town limits, write RURAL and give nearest town) Streel No. 503 P St., N.W. (If rural, give LOCATION)		
3.(a) FULL NAME HALL, Frenie Washington	3. (b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE DF DEATH 15 December 1947 21 7:45 Am		
6.(6) Name of husband or wife Mrs. Pinkey Hall 6.(c) If alive, give age November 29, 1894	years 21.1 CERTIFY that death occurred on the date above stated; that I attended deceased from 14. Dec. 19. 47 15. Dec. 19. 47 and that I last saw h im alive on 15. December 19. 47 DURATION		
8. AGE: Years Months Days If less than one day	Mysendal dujution much		
9. Birthplace	Due to Due to Dither conditions Cellular of searching to Sology, Brooklands		
14. Maiden name uriknown unknown	(Include pregnancy within 3 months of deaty) Major findings of operations. Date of op.		
Address 503 P St., N. W., Wash., D.C. Date thereof (month) (day) (year Cemetery or crematory. Arlington National	Where did injury occur?		
Arlington, Va. 18. Funeral director. L. E. MURRAY & Son. C. H. M. Address 1337 10th St., N.W., Wash. D.C. 19. 12-15 18 47 Mary C. Patterson	Injured at home, farm, Industry, public place (where?) Means of injury D. E. BILLMAN, Lt. JG MC USN M. D. or other Address. USNH Bethesda, Md. Date signed 12-15-17		

MARGIN RESERVED FOR BINDING

correct age

PLAINLY, WITH UNFADING INK. Supply every item of information carefully is especially important. Physicians: please write the causes of death clearly and

PLEASE WRITE

DEC 18 1947

Octuber 1

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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		No.			

	Reg. Diat. No	***********	
1/PLACE OF DEATH: County Montgomery Pothogda (Turnal)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State		
City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Li days Hospital, Institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? Li days			
3.(a) FULL NAME HARBERS, Herman	3. (b) Social Security Nur	nber	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male W-US married	MEDICAL CERTIFICATION 2D. DATE DF DEATH December 16 19 47 21	1:57 P	
Elizabeth Harbers 6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased 12 Dece 18 47, to 16 Dece and that I last saw h im alive on 16 Dece	£	
7. Birth date of deceased (mo., day, yr.) December 25, 1854	and fhat I last saw h	DURATION	
8. AGE: Years Months Days If less than one day 92 11 21 hrsmin.	Bronchopneumonia	l wk	
9. Birthplace	Due fo.		
11. Industry or business HARBERS, Herman 12. Name	Dither conditions Coronary Heart Disease,	indef indef	
14. Maiden name KORDLANDER, Talea, Holland	(Include pregnancy within 3 months of death) Major findings of operations		
16. Informant wife: Mrs. Elizabeth Harbers Address 3040 So.Dakota Ave., N.E., Wash., D.C.	Antappy results. Confirmed above PHYSICIAN: Please underline the cause to which death should be charged state	, , a ,	
17 burial (Burial, cremation, or removal Which?) Cemetery or crematory. Arlington National	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	······································	
Location Arlington, Va.	(City or town) (County) (S Injured at home, farm, industry, public place (where?) Masns of injury Injured at work?		
18. Funeral director. W. W. CHAMBERS Address 1400 Chapin St., N.W. Wash, D.C. 12-17 47 Mary P. Patterson	23. SIGNATURE USNH Bethesda, Md. Pale start	-17-47	

Registrar

Address.

RESERVED FOR BINDING MARGIN e correct age

information carefull of death clearly and

WITH UNFADING INK. Supply every item of important. Physicians: please write the causes

PLAINLY, W

PLEASE WRITE

(Date rec'd by registrar)



Date signed 12-5-4

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICA	IE OF DEATH Reg. Diat. No. 26
1. PLACE OF DEATH: county	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 15
6.(b) Name of husband or wife	20. DATE OF DEATH. RELYTHOURS. H. 19 H. 21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19 H. 19
8. AGE: Years Months Days If less than one day hrs. min. 9. Birthplace Settle 5.0.0. Months and states 10. Usual occupation.	Immediate cause of death Separation Separation Due to
11. Industry or business 12. Name Maruld hugene Juckson 13. Birthplace margaret Elig. Harriss 14. Maiden name Margaret Elig. Harriss 15. Birthplace Kensington, Md	Other conditions (Include pregnancy within 3 months of death) Major findings of operations.
Address - Sannie Out Incomplete Incomplete Control of	Autopsy results
19. (Date rec'd by registrar) Reportrar	Address Wows son 10 5 that Date signed 12-5-4

FOR BINDING MARGIN RESERVED WINTE UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and

legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

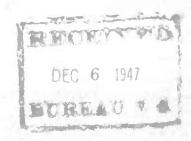
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11386

CERTIFICATE OF DEATH

Reg. Dist. Nov. 2 2 3

1 X	
PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
county Montgomery	(For newborn infants give residence of mother)
City or town 19 Courside city or town limits, write RURAL and give nearest town)	State Maxy And County Man Tan Maria
How long in above place of death? 20 hxs. 19m:n.	(If outside city or town limits, write LURAL and give nearest town)
Hospital, institution, or street address where death occurred:	Street No. 1617 N. Spring woold Drive
Washington Danitarium & Hosy	(If rural, give LOCATIOV)
How long in hospital v institution? 20 hrs. 19min.	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
Unnamed Daby Hayden	
4. Sex 5. Color or race 6.(a) Single, married, wido ed, or divorced	MEDICAL CERTIFICATION
Male white	20, DATE OF DEATH. 12 - 3 - 19 17 at 9 G.M
	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(b) Name of husband or wife	12-2-1947 10 12-7-1942
7. Birth date of	and that I last saw h. Line alive on 12 - 3 - 19 4 2
deceased (mo., day, yr.) December 2, 179	Immediate coppe of death
8. AGE: Years Months Days If less than one day	Thematerity -
20hrs	(5 5 mo gestations)
9. Birthplace (Town, county, and state)	Due to. Cause unhange
1D. Usual occupation.	
11. Industry or business	Due to
	Other conditions.
12. Name Dyron Trevellyan Haydenjur. 13. Birthplace Washington D. C.	
	(Include pregnancy within 3 months of death)
T. Made lame	Major findings of operations.
\$ 15. Birthplace Inter mont W. Va.	Dale of op.
16. Informant Washington Sanitarium Kecords	Autopsy results
Address Takous Park Md.	
17 Burial Date thereof Lac. 4, 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removal, Willell)	Accident, suicide, or homicide
Cemetery or crematory My. Olivet Cemetery	Where did Injury occur?
Location Bloodensburg Fd. Weshington, D. C.	Injured at home, farm, Industry, public place (where?)
(Tother Dulley)	Meens of injury injured at work?
18. Funeral director.	7
Address 254 Carroll St Ker Fort of Thek. D. S.	23. SIGNATURE 2 Mina Hugues M. B
10 Dec y 10 47 AMMANSON	Jakoma Park, Ind pole stoned 12-3-42
(Date rec'd by registrar)	Address Date signed 125 T



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VS A15

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2411 N. Charles St., Baftimore

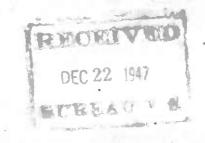
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11387

CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEATH: County			URAL and give nearest town) 23 days : 1esda, Md.	2. USUAL RESIDENCE (HOME) O (For newborn infants give residence of State	mother) all write RURAL and give net Mas on Road	
How long in hospital or	Institution?	2 mont	hs, 23 days	2.(a) If veteran, name war		V
3. (a) FULL NAME		YDEN,	Leona Marie		3. (b) Social Security	Number
4. Sex female	5. Color or race W-US		e, married, widowed, or divorced married	MEDICAL CI 20. DATE DF DEATH December 15	ERTIFICATION	12:20P
6.(b) Name of husband 7. Birth date of deceased (mo., day, y	36 7		c) If alive, give ageyears	21. I CERTIFY that death occurred on the date about a second and that I last saw h. Gr. alive on	ove stated; that lattended dece 17	2sed from C.a. 19.47
8. AGE: Years		Days	If less than one day	Immediate cause of death Branchsparens		3 6 hara
	- Laurent -	List Ci	IVIL Service	Due to		
13. Birthplace	LLER, Geo	rge	dec	Major findings of operations		T.
16. Informant husb			layden Road. Falls Chur	Autopsy results	above	
17. Duri (Burial, cremation Camelog or cremato	al or removal. Which Arlingt	on Nati	eof (month) (day) (year)	Accident, suicide, or homicide	(County)	(State)
Address 290	S. H. HI Ol 14th St	. N.W.	Wash. D.C. C. Falterson G. Patterson	23. SIGNATURE USNH Bethesda, Md.	Weaver M. D.	M. U. or other 12-16-47



PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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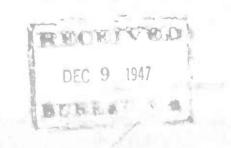
MARGIN RESERVED FOR BINDING

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Diat. No. 223

/ CERTIFICATI	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother)
City or 10wn (If outside eity or town limits, write RURAL and give nearest town) How long in above piace of death? Hospital, institution, or street address where death occurred: WASHINGTON SANTREIUM & HOSPITAL How long in hospital or institution?	State. MARY LAND County MONTGOMELY City or town. TAKOMA PARK (If outside city or town limits, write RURAL and give nearest town) Street No. DG ERIE DUE. (If rural, give LOCATION) 2.(a) If veteran, name war.
3. (a) FULL NAME HEATH, REU. Thomas C.	3. (b) Social Security Number . 579-01-149
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced MALE WHITE MARRIED	MEDICAL CERTIFICATION 20. DATE DE DEATH. Dec. 5 1947 at 10 35.
6.(b) Name of husband or wife ####################################	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 36. 10. 5. 19. 47. and that I last saw her traffice on 19. 47. Immediately ause of death. DURATION
8. AGE: Years Months Days If less than one day	thema: Edan
9. Birthplace	Due to Recurrence of types toma 14 yrs Due to 7/ Elex grammula supporter Differ conditions & letter from tale Other conditions & letter from the and 11/20/47.
14. Maiden name MARGARET A. Dougherty. 15. Birthplace MARYLAND 16. Informant LABSHINGTON SANITARIUM + HOSPITAL	(Include pregnancy within 8 months of death) Major findings of operations. Major findings of operations. Major findings of operations. Major findings of operations. Physician descriptions of the control of the c
Address TAKOMA PARK 12, DARY CAND 17. Burial (Burial, cremation, or rymoval, Which?) Cemetery or Dematory Modely (year)	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Transcon Jalurs Address 254 Carroll St. N.M. Japany Park 18 D. E.	Injured at home, farm, Industry, public place (where?) Meens of injury Injured at work?
19. Dec 7 1947 J. Walin Dals	23. SIGNATURE M. D. or other 25 Canoline Della land 1343/47



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

Reg. Diat. No..

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town (If outside city or town limits, write RUKAL and give nearest town)	State County County
(If outside city or town limits, write RURAL and give nearest town) How long in above place of death?	City or town (If outside city or town limits) write RURAL and give nearest town)
Nospital, institution, or street address where grath occurred:	
	Sireet No. 50 20 (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3.(a) FULL NAME addie Steffner	3. (b) Social Security Number
4. Sex 5. Color or racs 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Finale white widowed	20. DATE OF DEATH RECEMBER 25 19 47 at 5 25
6.(6) Name of husband or wife Jacks 2. Neffner	21. I CERTIFY that death occurred on the dats abore stated; that t attended deceased from
7. Birth date of	and that I last saw h. L.M. alive on BLC 25 1847
deceased (mo., day, yr.) Feb. 1-1872	Immediate cause of death
8. AGE: Years Months Days If less than one day	acute pulmonary
75 10 24min.	edema 6 kso.
8. Sirippiace manta. Co. maryland.	Due to
3. Sirihpiace (Kown, county, and state)	myveordeal feelive !
1D. Usual occupation. Abusewife	Due to.
11. Industry or business	
12. Name Donald Welling	Other conditions Generalized
\$ 13. Birthplace Maryland	orterio sclesosis ?
	(Include pregnancy within 8 months of death)
14. Malden name	Major findings of operations.
\$ 15. Birthplace	
18. Informant Mrs. Paul Balerson	Autopsy results
Address Dickerson, Md.	PHYSICIAN: Please underline the cause to which death should be charged statistically.
121-27-47	22. VIOLENCE: tf death was due to external causes, fill in the following:
(Burlal, cremation, or removal. Which?) Date thereof (mouth) (day) (year)	Accident, suicide, or homicide
Cametery or crematory. Manacally	Where did injury occur?
Levelle Beallwille Md.	injured at home, farm, industry, public place (where?)
18. Funeral director Tom. B. Helton	Meens of Injury Injured at work?
Address Barnesville, Ma.	23. SIGNATURE PHILIPPEN M. D.
19. Dec. 26.19.47. Mrs. C.C. Hillan	23. SIGNATURE M.D. or other M.D. or other Address O Cle ZIIIII MC Bate signed 1 2/264



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEDTIFICATE OF DEATH

			201
eg.	Dist.	No.	216

			CERTIFICA	IE OF DEATH Reg	Dist. No.
1. PLACE OF DE	EATH:			2. USUAL RESIDENCE (HOME) OF DECEAS (For newborn infants give residence of mother)	ED:
County Montgomery City or town Bethesda Maryland (If outside city or town limits, write RURAL and give nearest town) How long in above place of death?				StateMaryland	.,
Hospital, Institution, o	r street address where de	ath occurred:	hesda, Marylar	6001 Wilson Lane	
	or Institution?			2.(a) If veteran, name warNone	
3. (a) FULL NAM	IE		avidson Herndo		Social Security Number None
4. Sex Female	5. Color or race White		, married, widowed, or divorced dowed	MEDICAL CERTIFIC	1947 at 8 35
	Monoh		enryHerndon) ti alive, give ageyeai 69	s and that I last saw h. 40	29 December 1947
8. AGE: Year		Days 25	tf less than one dayhrsmin	Parlessanie - Right Box	ela 2 days
10. Usual occupation. 11. Industry or busine 12. NameS.a.	Housewife muel Luck	Davi	dson	Oue to Conduct Hypertrophy + a. Hypertrophy Other conditions - Artificial Schools	ilnid on year
13. Birthplace South Carolina 14. Malden name Nancy Walker 15. Birthplace Waterford, Miss.				(Include pregnancy within 3 months of de	
16. Informant A.L.	.c.a	i de Bastalinia Santa Alba-		PHYStCIAN: Please underline the cause to which death st	0.
Address 6001 Wilson Lane, Bethesda, Md. 17. Burial Dec. 31,1547 (Burial cremation, or removal Which?) Cemetery or crematory York, South Carolina Cem.			of Dec 31,194	22. VIOLENCE: 11 destil was due to external causes, the to the	
Location York South Carolina 18. Funeral director. W.M. Lawson Lumphroux			na yardam	Injured at home, farm, Industry, public place (where?) Mesans of Injury Inj	Jured at work?
Address Be	thesda, Ma	_	nd The Registre	23. SIGNATURE John M. Ball Address 7936 hengelen Rd Bith. Mr.	M. D. or other d. Date signed 270 47,

WITH UNFADING INK. Supply every item of information carefully. Incorrect important. Physicians: please write the causes of death clearly and legibly. BINDING FOR MARGIN RESERVED

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WRITE



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 2/8

1. PLACE OF DEATH: Montg Co, County			2. USUAL RESIDENCE (He (For newborn infants give	OME) OF DECEASED: residence of mother) County	J.		
Now long in above pla Nospital, institution,		35 yrs death occurred:	and give nearest town)	Street No	If rural, give LOCATION)	give nearest town)	
3. (a) FULL NA				1 2(4)	3. (b) Social Se	curity Number	
00(0) 1011	Charle	e Connel	line Hiddin	10	0.(0) Docini De	carry stamour	
4. Sex	5. Color or race	6.(a)Single, marrier	Lius Higgir d, widowed, or divorced	MED	ICAL CERTIFICATIO	N	
Male	White	Marrie	ed		25 19		
7. Birth date of	1		Higgins 30 years 1909	21. 1 CERTIFY that death occurred o	on the date above stated; that I attend	led deceased from	
deceased (mo., da)	11711		ss than one day			DURATION	
8. AGE: Yes 3		7 77	hrsmin.	form in		2	
9. Birthplace 1D. Usual occupation 11. Industry or busin 12. Name	ess Charles			Due to	acushutul)		
13. Birthplace Marsia Jane Watkins 14. Malden name Md,				(Include pregnancy within 3 months of death) Major findings of operations. Date of op. Actorsy results. PHYSICIAN: Please anderline the cause to which death shoold be charged statistically.			
16. Informant Alvin E Higgins Address Derwood Md,							
Cemetery or crem	atvi j	RBH This	2 27 47 (month) (day) (year) CEMETERY y	Accident, suicide, or homicide. Where did injury occur?(Ci	ity or town) (County) blic place (where?)	(State)	
18. Funeral director Ernest C Gartner Address Gaithersburg. Md, 19. Dls. 26 1947 Classical Libration			Means of injury 23. SIGNATURE	Imel Exam.	M. D. or other		
19, Although A. or	rogistrer)	the boundary	Registrar	Address Tarthe	when you Date	signed 2 26-5:	



MARYLAND STATE DEPARTMENT OF HEALTH

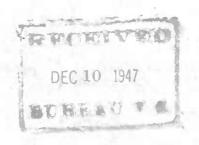
2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1	I.	J	y	6

0			216
Reg	Dist.	No.	510

City or town	f outside city or town li	a (rural) mits, write RURAL and give nearest town)	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State			
How long In above place of death? 9 days Hospital, Institution, or streef address where death occurred: US Naval Hospital, Bethesda, Md. How long In hospital or Institution? 9 days			(If outside city or town limits, write RURAL and give nearest town) 1 Anacostia Road, S.E. (If rural, give LOCATION) 2.(a) If veteran, name war			
3. (a) FULL NA	ME	HOCKNEY, George Willia	am	3. (b) Social Security Number		
4. Sex male	5. Color or race	6.(a)Single, married, widowed, or divorced Married	MEDICAL CE	entification		
5.(b) Name of husba 7. Birth date of deceased (mo., da	nd or wifeEtta	3. Hockney	21. I CERTIFY that death occurred on the date abo	Light Stated; that I attended deceased from Light Total Light Decea 19 Light Light Decea 19 Light Ligh		
64		Days If less than one day 11 hrsmin.	Bronchopnumoni	a Iday		
9. Birthplace	Retire	eounty, and state) ed Marine Corps	Due fo. Due fo. Due fo.	Indifia		
13. Birthplace	HOCKNEY, Dav		Other conditions Control A (Include pregnancy within 3 r			
E 15. Birthplace	Englar fe: Mrs. Ett	nd	Major findings of operations from			
Address 1 A	Anacostia Ro	oad, S.E., Wash., D.C.	PHYSICIAN: Please ooderline the cause to wi			
17. buiral Oate thereof 12-9-47 (Burial, cremation, or removal, Which?) Arlington National			Accident, suicide, or homicide			
Location	Arlington W. W. Ch	A,Va. NAMBERS, <i>Q.P</i>	Injured at home, farm, Industry, public place (will means of Injury	Injured of work?		
Address 1/4(19. 12-5 (Date rec'd by	19 47	nam (. Cattlisan Mary C. Patterson	23. SIGNATURE W. H. BOSWELL USNH Bethesda, Md. Address	L, Lt. MC USN M. D. or other 12-5-47		



Reg. Diat. No. 714

2. USUAL RESIDENCE (HOME) OF DECEASED:

1. PLACE OF DEATH:

County.....

How long in above place of death?.....

Hospital, institution, or sireet address where heath occurred:

on carefully. The colearly and legibly. information cof death clea FOR BINDING item Supply e

causes

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EASE

How long in hospital or institution?.. 3. (a) FULL NAME 4. Sex or race 6.(b) Name of husband or wife..... 7. Birth date of deceased (mo., day, yr.) Days If less than one day 8. AGE: (Town, county, and atate) 9. Birthplace..... 1D. Usual occupation... 11. Industry or business 12. Name ₹ 13. Birthplace 14. Malden name... 15. Birthplace Date thereof ..

(If outside city or town limits, write RURAL and give nearest town

(For newborn infants give residence of mother) (If outside city or town limits, write RERAL and give nearest town) (If rural, give LOCATION) 3. (b) Social Security Number 220-01-0371 MEDICAL CERTIFICATION 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DURATION (Include pregnancy within 3 months of death) Major findings of operations. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur?(City or town) (County) (State)

Injured at home, farm, Industry, public place (where?)

Means of Injury

23. SIGNATURE

Injured at work?



ne zerect age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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11395

CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County MONTGOMERY	
City or town. (If outside city or town limits, write RURAL and give nearest town)	State MARYLAND County MONTGOMERY
How long in above place of death? # DRIL 1924	City or town. (If outside city or town limits, write RURAL and give nearest town)
How long in above place of death?	(If outside city or town limits, write RUKAL and give nearest town)
Hospital, Institution, or street eddress where death occurred: CONVENT OF THE VISITATION	Street No. 9001 - OLD GEORGE TOWN ND
How long in hospital or institution? 23725	
	2.(a) If veteran, name war
SISTER MARY DE CHANTAL (M	PARY L. HOWARD
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
FEMALE WHITE SINGLE	20. DATE DF DEATH Decembe 15 1947 at 4:20 PM
nd>n 4> 4> 4> 40	21. I CERTIFY that death occurred on the date above stated; that I ettended deceased from
B.(b) Name of husband or wife	James \$ 19 40 to December 15 19 42
7. Birth date of years	and that I last saw h. A.M. alive on
deceased (mo., day, yr.) MARCH 25, 1874	Immediate cause of death
8. AGE: Years Months Days If less than one day	Ammediate cause of death
73 8 Vohrsmin.	Heart Failure on I Haptiturial 3 years
I T TV 'NG.	
9. Birthplace (Town, county, and state)	Due to Transfer Distant
1D. Usual occupation REWIGIEUSE	
10. Usual occupation.	Due to.
11. Industry or business	
12. Name NOVA SCOTIA	Dther conditions
13. Birthplace NOVA SCOTIA	
	(Include pregnancy within 8 months of death)
	Major findings of operations
16 Interment DISTER MARY NOSEPH	Actopsy results
Address CONVENT OF THE VISITATION, BEILESDA	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Dec 17 10. Ph	22. VIOLENCE: If death was due to external causes, fill to the following;
(Burial, cremation, or removal. Which?) Date thereof	Accident, suicide, or homicide
the same to an elegan	Where did injury occur?
Cemetery or crematory	
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director. Trancis Holleys	Means of Injury Injured at work?
Address 3821-14th, St. J. W. Wash. Dle	mile I many had
12/17 .47 m E lefes	23. SIGNATURE
19	Address 150 - Com an Washing Date signed 12-16-47



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No......

1. PLACE OF DEAT	gomery			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
	Ratheeda	(rural)		State Ky • County			
(16 autoide sity or town limits write RHRAL and give nearest town)				Louisville			
How long in above place o	f dealh? 1 m	onth, 1	.2 days	(If outside city or town limits	s, write RURAL and give near		
Hospital, institution, or s	freel address where	death occurred	:	Street No. Home Life Buildi	ing, Louisville	2,Ky.	
US Nava	L Hospita	1, Beth	esda, Md.	(If rural, give		/	
How long in hospital or I	nstitution?	1 month	, 12 days	2.(a) If veleran, name war		V	
3. (a) FULL NAME	TAS	IGI, Lo	oir		3. (b) Social Security 1	Number	
4. Sex	5. Color or race	6.(a)Singi	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	-	
male	W-US		single	20. DATE OF DEATH December		. 9: P	
				21. I CERTIFY that death occurred on the date abo			
6.(b) Name of husband of	r wife			Oct. 20	17 to 2 Dec	10 /17	
***************************************			c) It alive, give ageyears	and that I last saw h im alive on 2	December		
7. Birth date of deceased (mo., day, yr.	Decem	ber 15,	1892				
8. AGE: Years	Months	Days	If less than one day	Immediate cause of death		OURATION	
54	11	18	nute.	Hypernephroma with ne			
	6		hrsmin.	metastases and over	erwhelming		
9. BirthplaceMa	ass.			Oue to toxemia			
5. Bittiyiacc	(Town	, county, and	atute)				
10. Usuai occupation	Lui 60	. TY 1		Busha			
11. Industry or business			ccounting	Due to		***************************************	
			dec.				
12. Name IAS			466.	Other conditions	,		
		SS.		(Include pregnancy within 3	months of death)		
14. Maiden name	JANNY,	Alice N	1. dec.				
E 14. maiden name	Md.			Major findings of operations			
≥ 15. Birthplace				and a second and a second	Date of op		
16. Informant Cous:	in: Mrs.	Marshal	1 Bullitt	Antopsy results confirmed abo	ove		
			Louisville,2,Ky.	PHYSICIAN: Please underline the cause to w		statistically.	
buri				22. VIOLENCE: If death was due to external cau	uses, fill in the following;		
17(Burial, cremation,		Dale ther	eof	Accident, suicide, or homicide	Date of		
(Burial, cremation,	Arlingt	on Nati	ional				
Cemetery or crematory				Where did Injury occur?(City or town)		(State)	
LocationAr	Lington,	Va•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Injured at home, farm industry, public place (w	here?)		
LOCATION	W. W. C	HAMBERS	31- W. J. T.	Means of Injury	Injured at work?		
1B. Funeral director			0/2 00:0:	13 TUllee	eld		
Address 1400	Chapin S	t., N.	W. Wash. D.C.	R. E. FITZGER	ALD, Lt.Jg MC	USNR	
		Madan	C. Callina Patterson	23. SIGNATURE	М. D. с	or other	
19. 12-3 (Date rec'd by reg	1947	maryu	Patterson Registrar	Address USNH Bethesda, Md.	hanolo aton	12-3-47	
(Date rec'd by reg	strary	-	registrar	MUUI ESS			

WITH UNFADING INK. Supply every item of information carefully. The carimportant. Physicians: please write the causes of death clearly and legibly.

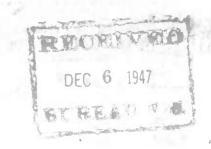
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PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Battimore

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11397

CERTIFICATE OF DEATH

Par Dist No 223

PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Montgonery County	(For newborn infants give residence of mother)
City or fown. To Huma Park. (If outside city or town limits, write RURAL and give nearest town)	
How long in above place of death?	City or town Ta Homa Par. K. (If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 6914 5-2 SINW
washington San. + Hosp.	Street No. (If rural, give LOCATION)
How long in hospital or institution? 4 hes, 22 min	2.(a) If veteran, name war
2 (a) FILL NAME	3. (b) Social Security Number
Bay By Jamison	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male white	De- 11 119
	20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If alive, give ageyears	12-11-1947 10 12-11-1945
7. Birth date of	and that I last saw h
	Immediate cause of death Presentation OUNATION
o, naz.	gertalion at 6 = mo
9. Birthplace Taklomo Parts Montgomery, Marylan (Town, county, and atate)	Oue to Prinatero separationis
(Town, county, and state)	plainta 1
10. Usual occupation	Due to
11. Industry or business	
E 12. Name Jamison, John Grantly	Other conditions
13. Birthplace Mary/and	
	(Include pregnancy within 3 months of death)
14. Maiden name Ross, Lucy Bishop 15. Birthplace Bassett Va.	Major fiediegs of operations
\$ 15. Birthplace Bassett Va.	Date of op.
16 Interment Pts Muther Muslucy Jamison	Actorsy results.
10.001.01	PHYSICIAN: Please underline the cause to which death should be charged statistically.
B 1	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
The state of the s	Whera did Injury Occur?
Location paller Mit At D	Injured at home, farm, Industry, public place (where?)
18. Funeral director Althur Mallety	Maans of Injury Injured at work?
La total	
Address 854 Carrell ABATIAN HAMP	23 SIGNATURE Imma Hugher. M.D
19 Dec 12 19 47 7410mm Wall	Jakana Park med ned good 7-11-45
(Date maid by registrar)	Address Jakama Vack hid Bate stopped 7-11-45



WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefull is especially important. Physicians: please write the causes of death clearly and

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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11398

CERTIFICATE OF DEATH

Reg. Dist. No. 253

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgowery	DC
City or town	
How long in above place of death?	City or fown. (If outside city or tow) limits, write RURAL and give nearest town)
Hospital, Institution, on street address where death occurred:	Street No. 3904 2nd 51 n. 8.
Washington Sanitarium + Hosp.	(If rural, give LOCATION)
How long in hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME S	3. (b) Social Security Number
Unmarred Daby Johnson	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Temale, white	20. DATE OF DEATH
	21. I CERTIFY that death occurred on the date above stated: that Lattended deceased from
B.(b) Name of husband or wife	Dec. 3, 1847, 10 Dec. 3, 1949
7. Birth date of	and that I last saw h. 2 alive on Qcc. 3
deceased (mo., day, yr.) December 3, 194	Immediate cause of death
8. AGE: Years Months Days It less than one day	Prematurity
	<i>f</i>
9. Birthplace lakoua Yark Md.	Due to.
(Town, county, and state)	
1D. Usual occupation	Bus fo
11. Industry or business	DUC 10
= 12 Name William ashby Johnson	Other conditions
	(Include pregnancy within 8 months of death)
14. Maiden name Mara 121: zabeth Marmaduk	Major findings of operations
15. Birthplace Vicalnia	Date of op.
16. Interment Washing tohn Sawitarium Records	Agtopsy results
(10)	PHYSICIAN: Please underline the cause to which death should be charged statistically.
	22. VIOLENCE: If death was due to external causes, fill in the following:
Burful, cremation, or regional. Which?) (Burful, cremation, or regional. Which?) (Burful, cremation, or regional. Which?)	Accident, suicide, or homicide
y. Alet the man of the	Whers did injury occur? (City or town) (County) (State)
Cemetery or crematory the Company that t	
Location Ligge Royal Systemer Ma.	Injured at home, farm, Industry, public place (where?)
18. Funeral director Queltus Walting	Means of Injury Injured at work?
Address 254 Canvel Al My John Mark. W.C.	26 SIGNATURE Offerman I Slate, mid.
n 5 14 ftham 1 Da	M D or other
19. (Date rec'd by registrar) Registrar	Address arlingto 12 . Date signed 12 - 4-47



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(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

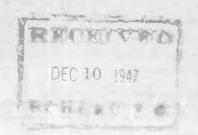
2411 N. Charles St., Baltimore

940

	Diat.		2	1	4
Reg.	Dist.	No.			

CERTIFIC	AIL OF DEATH Reg. Dist. No. 774
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infunts give residence of mother)
City or town (If outside city or town mits, write RURAL and give nearest town)	State Maryland County Marky
How long in above place of death? 649	City or town(If outside city or town limits write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 119 January Glack (If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME alice 6. B. Jorda	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, proofed, or divorced	MEDICAL CERTIFICATION 20. DAYE OF DEATH 20. DAYE OF DEATH
P. Atlant	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
6.(c) If allve, give age	years and that t last saw h. alive on case 19
7. Birth date of deceased (mo., day, yr.) / Ef. 29 Th., 1890. 8. AGE: Years Months Days If less than one day	Immediate cause of death
57 9 6hrs.	min. Coverary occlusion
9. Birthpiace	Due 10
th. Usual occupation Dansewife tt. Industry or business	Due to
12. Name Lavis Stucers 12. 13. Birthplace New York	Other conditions
13. Birthplace New york	(include pregnancy within 3 months of death)
14. Malden name Kithline Tellman - ts. Birthplace New York	Major findings of operations.
· · · · · · · · · · · · · · · · · · ·	
Address 819 Voclet Pake. School Spring	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
17 Transportation o Bareal Pare therent Well 6 th 1947	22. VIOLENCE: If death was due to external causes, fill in the following: Accident suicide or homicide
(Burial Fremation, or removal. Which?) Cemetery or crematory School Maunt (month) (day) (year)	Accident, suicide, or homicide
Levelin States Locasel - Rechnonel Co My	(City or town) (County) (State) Injured at home, farm, Industry, public place (where?)
18. Funeral director Denes & Complany.	Means of Injury Injured at work?
Address Silve Spring & Med	Frank J. Broschart Mc
19 Dec 5 19 47 papline in Schoep	23. SIGNATURE M. D. or other
(Date rec'd by registrar)	trar Address Jacobies Luy Met Date signed 12-6 50

PLEASE



	E OF DEATH Reg. Dist. No. 216			
1. PLACE OF DEATH: Montgomery County Bethesda (rural) City or town (to outside city or town limits, write RURAL and give nearest town) 2 days How long in above place of death? Hospital, Institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 2 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Md. County City or town. Bradberry Heights (If outside city or town limits, write RURAL and give nearest town) Street No. 5113 W St., (If rural, give LOCATION) WWII			
3.(a) FULL NAME JORDAN, Frank Thomas	3. (b) Social Security Number			
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced male W-US married	MEDICAL CERTIFICATION 20. DATE OF DEATH. 8 December 19 17 21 11 21 3			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from DEPUTY MEDICAL EXAMINER CASE 19			
33 8 11 hrs. min. 9. Birthplace Mass. (Town, coonty, and state) US Marine Corps	Burns multiple 2830 degrees (covering over 50% of body) Due to. Due to.			
11. Industry or business 12. Name JORDAN, Frank Thomas 13. Birthplace Mass. 14. Maiden name WHALEN, Anna 15. Birthplace Ireland	Bither conditions Shack - Druncally & Secondary 35 hr. (Include pregnancy within 3 months of death) Major findings of operations. Date of on			
16. Informant Wife: Mrs. Dorothy C. Jordan Address 5113 W St., Bradberry Heights, Md. 17. burial bate thereof 12-11-1,7 (month) (day) (year) Cemetery or crematory Arlington National Arlington, Virginia 18. Funeral director W. W. CHAMBERS Address 517 11th St., S.E., Wash., D.C.	Autopsy results. PHYSICIAN: Please audentine the couse to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or beniede. Where did injury occur? Bradberry Heights, Md. (City or town) (County) (State) Injured at home fam. industry, subtractions of injury described Explanation Injured at work? Research J. Branchark Mr.			
19. 12-8 Mary C. Fatterson Registrar	23. SIGNATURE Frank J. BROSCHART, Dep. Med. Exam. M. D. or other Address Gaithersburg, Md. Date signed 12-8-47			



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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

940

CERTIFICATE OF DEATH

11402 Reg. Diat. No. 2/6

County Montgomery City or town Kensington Maryland (If outside city or town limits, write RURAL and give nearest town) How tong In above place of dealh? 15 yrs. Hospital, Institution, or sireet address where death occurred: Newport Mill Road, Kensington, Md. How long In hospital or institution? None	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland county Montgomery City or town Kensington (If outside city or town limits, write RURAL and give nearest town) Street No. Newport Mill Road (If rural, give LOCATION) 2.(a) If veteran, name war.			
3.(a) FULL NAME RANCIS II. Keller	3. (b) Social Security Number None			
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Single	MEDICAL CERTIFICATION 20. DATE OF DEATH 2 3 4 19 19 21			
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 19. to 19. 19. and that I last saw h. i.b. alive on 12. 20. 19. Immediate cause of death			
8. AGE: Years Months Days If less than one day 7	Due to Axexias elevarios daning de Coxanava Focalization severe			
11. Industry or husiness 12. Name	Other conditions			
16. Informant Mrs. Eloise T. Mc Conville Address 5018 Saratoga, Ave.	Autopsy results. PHYSICIAN: Please underline the cause to which death should he charged statistically.			
17. Cremation Date thereof Dec. 21, 1917. (Burlal, cremation, or removal. Which?) Cemelery or crematory Cedar Hill Location Suitland Road, Suitland, Md. 18. Funeral director. Land Road, Suitland, Md. Address 7557 Wisconsin, Ave. Bethesda, Md.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide			
19. Dec. 24th 19 47 Mm C Johnson Registrar)	Address Kensingto Md. Date signed 12/23/4			

DEC 29 1947

J. S. 1818-

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

12500

CERTIFICATE OF DEATH

Y							
1. PLACE OF DEATH: county Montgomery				2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)			
City or townBe	ethesda (1	rural)	AL and give nearest town)	State Va. County Staunton			
How long In above place of death? 10 days				(If o	utside city or town limi	ts, write RURAL and give	e nearest town)
Hospital, institution, or s	treet address where	death occurred:		Street No. LOC	14 N. August	a St.,	
US Naval	HOSPI CAL	10 days	3	1		e LOCATION)	
How long In hospital or i	Institution?	20 003	······································	2.(a) It veteran, name	war		
3. (a) FULL NAME						3. (b) Social Secur	rity Number
	KNOW	LES, Paul	1 Duncan, AOM3c	USN			
4. Sex	5. Color or race	6.(a)Single, m	arried, widowed, or divorced		MEDICAL C	ERTIFICATION	
male	W-US		single	2D, DATE OF DEATH	December	28 4	7 . 6:55 A
6.(b) Name of husband o	or wife			21. I CERTIEY that dea	ath occurred on the date a	26 Decemb	deceased from OC • 19 47
		6.(c) If	alive, give ageyears	and that I last saw h	i.m	20 Decemb	er 19 47
7. Birth date of deceased (mo., day, yr.) Sept	ember 11	, 1923	Immediate cause of d)	DURATION
8. AGE: Years	Months	Days	If less than one day	Hemore	Lean Cu	workers	24 hours
214	3	17	hrsmin.		,		
9. BirthplaceVa	US Navy	county, and stat	e)	Due to Message Due to Livery	necrosis	thesis,	9 clays
11. Industry or business E 12. Name KN 13. Birthplace	OWLES, La Va.	cey Lee					
14. Maiden name	DUNCAN,	Anna Lee a.		Major findings of ope	lude pregnancy within a		
16. Informant Mo:	Mrs. Ann	a Knowle	S	Antoney Possille C	onfirmed ab	ove	
				PHYSICIAN: Please	underline the cause to	which death should he cha	arged statistically.
			taunton, Va.			auses, fill in the following:	
17 burial	or removal. Which?	Date thereof.	(month) (day) (year)			Date of.	
(Burial, cremation,	or removal. Which?	nrose Co	me tery) (County)	
			ne oor J				
Location Sta					, industry, public place	(where?)	
18. Funeral director	W. W. CHA	MBERS	43.	Means of injury	1a linsu	Injured at work?	
		St., N.	W. Wash., D.C.	23. SIGNATURE	A. DINSMO	RE, Jr., LCDE	R MC USN
12-29	18 47	Mary C:	Patterson	20. 010.11.1		34	. D. or other
19. (Date ree'd by ree	18		Registral	Address USNH	Bethesda, M	d. Date si	gned 12-27-41

BINDING

RESERVED FOR

MARGIN

NS

(Date rec'd by registrar)

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of is especially important. Physicians: please write the causes



Votes D. mr. Cools

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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	BINDING	
	FOR	

MARGIN RESERVED

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1. PLACE OF DEATH	2. USUAL RI	
County	(For newb	orn in
City or town	RURAL and give nearest town)	<i>f</i>
How long in above place of death?	City or town	(lf gu
Hospital, Inetitution, or street address whose death occur	Street No	41
How long in hospital or institution?	2.(a) tf veteran,	name w
3.(a) FULL NAME William	KI	
		5
	ingle, married, widowed, or divorced	
man 10 min 1	Larried 2D, DATE OF DEA	TH
6.(b) Name of husband or wife. Wessi	e B. Kulune 21. I CERTIFY In	at tal
	.6.(c) If alive, give age	9
7. Birth date of	and that I last sa	w 1
8. AGE: Years Months Days	It less than one day	
78 1/ 3	hrs. min.	n
But he	1 1 0	
9. Birthplace 2001 (Town, county, at	nd atate)	
1D. Usual occupation. Atteset	lugaret Due to	0
1t. Industry or business		500
E 12. Name PETER KUH	N.S. Dther conditions.	
13. Birthplace BARTO, F	PA.	
14. Maiden name ELIZABETH	- 7,	(Inclu
S 15 Birthologe BANTA PA	Major fiudiuge o	f uper
14. Maiden name ELIZABETH 15. Birthplace BARTO PA	B. Vielen	
16. Intormant	Autupsy results. PHYSICIAN: PI	
Address 4/13 7/200	22. VIOLENCE:	If dea
(Burial, cremation, or removal, Which?)	thereot 2-15-1947 (month) (day) (year) Accident, suicide	, or ho
Cemetery or crematory	Sales Where did Injury	occur
2400 dal	le place Injured at home.	farm
Location	Means of Injury	
18. Funeral director.	were done	7
Address 175 Wtenna	e signe. VAW,	4
Non 11 47/1	Trum dodd 23. SIGNATURE.	رااد. معدات
(Date rec'd by registrar)	Registrar	

2. USUAL RESIDENCE (HOME (For newborn infar give esidence	OF DECEASED:	
State	County	
City or town(If outside city or town	mits, write RURAL and give nearest town)	• • • • • •
Street No. 4/19 Fie	menden HW.	
(If rural,	give LOCATION)	
2.(a) if veteran, name war		V
	3. (b) Social Security Number	
uhns		
	CERTIFICATION	-
		3
2D. DATE DF DEATH	ee 11 1947,163	
21. I CERTIFY That Eath occurred on the date	above stated; that I alraded deceased from	/-
stept !		/
and that I last saw harmanive on	Dec [[19]	47
Immediates ause of death.	DURATI	IDN
Comany a	reluman 1d	ay
"	10 4	. /
	× / /	
Cardiovascul	an Ity pertenence	
Due to.	100	1

Dther conditions		
(Include pregnancy withi	n 3 months of death)	
Major findings of uperations	***************************************	
	Date of op.	
Autupsy results	o which death should be charged statistically.	******
22. VIOLENCE: If death was due to externa	I causes, fill in the following;	
Accident, suicide, or homicine	Date of	
Where did Injury occur?(City or tow	vn) (County) (State)	
Injured at home, farm, Industry, Jubilc place		
Means of Injury	Injured at work?	



NFADING INK. Supply every item of information carefully. The correctint. Physicians: please write the causes of death clearly and legibly.

PLEASE WRITE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 216

V	
1. PLACE OF DEATH: County City or town (If ourside city or town timits, write ROGAL and give nearest town) How long in above place of death? Nospital, Institution, or street address where death occurred:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
How long In hospital or Institution?	2.(a) If veteran, name war
	3. (b) Social Security Number
3. (a) FULL NAME	3. (b) Social Security Homoer
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Texto le White Widow	MEDICAL CERTIFICATION 20. DATE OF DEATH DCC-23, 18.47, 21.540, M
6.(b) Name of husband or wife. A. Y. Ch. C. C. C. If alive, give age	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19. 4. 10. 13. 4. 7
7. Birth date of deceased (mo., day, yr.)	Immediate cause of death
8. AGE: Years Months Days If less than one day	Hypertensive Heart Greece 3 ye. +
9. Birthplace Harrisburg Pa (Town, county, and state)	Oue to
10. Usual occupation	Oue to
11. Industry or business 12. Name William Rnoche	Other conditions Disteles Mellitus 3 yo. +
13. Birthplace Germany	(Include pregnancy within 3 months of death)
14. Maiden name Serah 15. Birthplace England	Major findings of operations.
William & haws (Son	Autopsy results.
16. Informant	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Same	22. VIOLENCE: If death was due to external causes, fill in the following;
17. Date thereof (myont) (war) (year)	Accident, suicide, or homicide
Cemetery or crematory.	Where did injury occur? (City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)
18, Funeral director Chang Chang from the	Beans of Injury Injured at work?
Address 5103 Wis Come with	23. SIGNATURE A AS STATISTICAL MAD . M. Dror other
19. /12 / 19 47 Registrar Registrar	12/22/11 12/22/11)

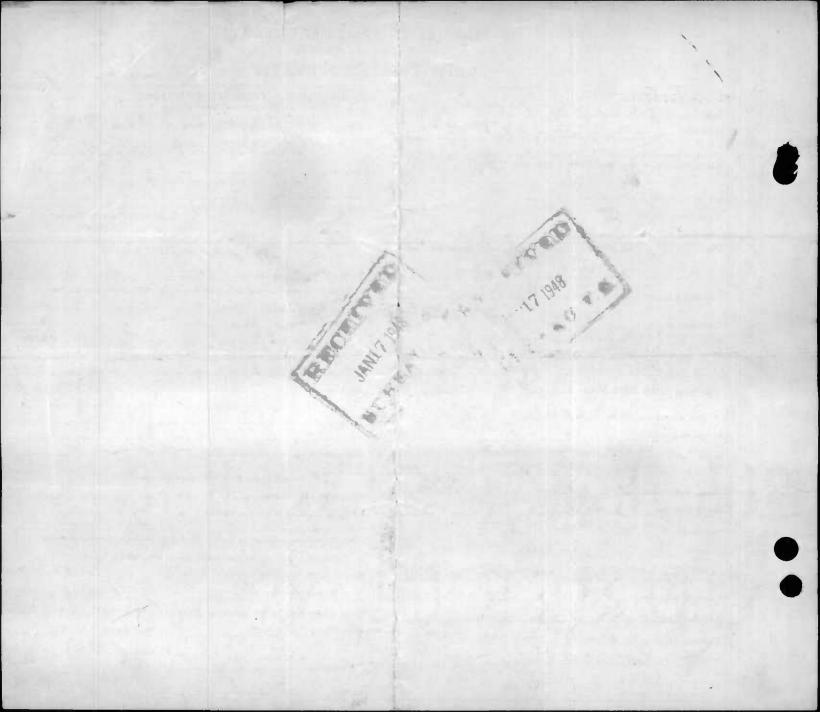


CERTIFICATE OF DEATH

age		2411 N. Charle	a St., Baltimore		
Pet de		CERTIFICAT	E OF DEATH	Reg. Dist. No	2/3
n carefully. The cor- learly and legibly.	County City or lown	i give nearest town)	City or town. (If outside city or town limits	ta, write RURAL and give ne	parest town)
informatio of death o	3. (a) FULL NAME	u		3. (b) Social Security	Number
of	Male Colored Marrie	vidowed, or divorced	MEDICAL C	ERTIFICATION 19.54.7	16:40 P.
y item he cau	6.(6) Name of bushand or wife. Heneritta	253	21. I CERTIFY that death occurred on the date ab		
y every	7. Birth date of deceased (mo., day, yr.) 8.(c) If alive, g		and that last saw halive on	case	19
Supply lease wr	8. AGE: Years Months Days If less:	than one dayhrsmin.	Hemmage &	L To	Kelif
INK.	B. BirthplaceHowayd C., Md. (Town, county, and atate) 10. Usual occupationhabove V		De to.		
UNFADING INK ant. Physicians:	11. Industry or business 12. Name	<u> </u>	Dither conditions sactured. [1]	months of death)	
WITH import	14. Maiden name. Transce Several Co. W.S.	l	Major findings of operations	•••••	
Specially,	Address Rockville, m	2	Autopsy results PHYSICIAN: Please underline the cause to w 22. VIOLENCE: It death was due to external ca	which death should be charged	statistically.
WRITE PLAINLY is especial	Cemetery or crematory Losation	26. 1147 nonth) (day) (year)	Accident, suicide, or homicide	Date of 1.2	my (State) Rock 240
PLEASE	Address Porkulle 7 19. 12-26-47 (Date rec'd by registrar)	Say Registrar	23. SIGNATURE STANDARD PROS	M. D.	or other /2-22-47

MARGIN RESERVED FOR BINDING

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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114116

CERTIFICATE OF DEATH

Pag Dist No 223-

co.	1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:		
bly	county Mantgamery	(For newborn infanta give residence of mother)		
y. The co	City or fown. TAXBING Phy K. May y And (If outside city or town limits, write KURAL and give nearest town)	state Diatrict of Columbia County		
ull	How long in above place of death?	City or town Washington DC (If outside city or town limits, write RURAL and give nearest town)		
ref ly	Hospital, Institution, or street address where death occurred:	Street No. 1220 Sarataga St NE Wash, D. C		
ca	Washington Sanitarium & Hospital	Ul-		
cle	How long in hospital or Institution? From Nov. 28, 1947 to Dec 11/94	2.(a) 11 veteran, name war		
information carefully.	3. (a) FULL NAME Mrs Mildred Mae Light	3. (b) Social Security Number		
inf	4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
em of	fe cauc. married	20. DATE OF DEATH Dec. 11 1947 21 6:54 PM		
	8.(6) Name of husband or wife John W. Light	21. I CERTIFY that death occurred on the date above stated; that I ablended deceased from		
		Mov. 28 1942 10 Dec. // 194/		
	1 7 Pieth date of	and that I last saw h. e. C. alive on		
	accepted (molt and this	Immediate cause of death DURATION		
0	8. AGE: Yeare Months Days If less than one day	Congesting spart failing 6 mes.		
Supp	59 9 22hrs. min.			
MA	9. Birthplace Hayden ville mass (Town, county, and atate)	Due to Contaminateritie fourt dessarse yo?		
ADING INI Physicians:	10. Veual occupation Hausewife			
N	11. Industry or business	Due to		
\D)				
4	12. Name Plxin B. Asserve Thatcher 13. Birtholace Beaverdam, Wis.	Other conditions		
WITH UNF important.		(Include pregnancy within 3 months of death)		
High	14. Maiden name Mary Connell	Major findings of operations.		
A B	15. Birthplace Haydon ville, Mass,	Major nadings of operations.		
B.:		Sele VI VI		
E,K	18. Informant Patients Chart	Autopsy results		
INLY, ecially	Address Washington Santarium + Hospital	22. VIOLENCE: If death was due to external causes, fill in the following:		
PLAINI is especi	11. Burist eremation, or removal, Which?) Date thereol (Month) (day) (year)			
PI	11. (Buriar, eremation, or removal. Whieh?) Date thereol (month) (day) (year)	Assissing seasons of the seasons of		
	Cemetery or crematory	Where did injury occur?		
WRITE	Location Washington of 6,	Injured at home, farm, industry, public place (where?)		
	matin m Hum Po.	Meane of Injury Injured at work?		
ASE	18. Funeral director.	0 000 0 1/2		
AS	Addrese 1300 P. St. W. Kach., D.	23. SIGNATURE Cassell Q. Deury 140		
PLE.	19 Dec 11 1947 Thism Dall	1. C. A. t. C (Though to October)		
Α.	(Date ree'd by registrar) (Date ree'd by registrar) Registrar	Address Date signed Date signed		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

216

CERTIFICATE OF DEATH 1. PLACE OF DEATH: County Montgomery information carefully of death clearly and How long in above place of death? 2 hour Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How tong in hospital or institution?

hours 3. (a) FULL NAME LONG, John Stephen 5. Color or race 6.(a) Single, married, widowed, or divorced 4. Sex married BINDING Male W-US 6.(b) Name of husband or wife Mrs. Ruth B. Long 6.(c) If alive, give ageyears September 19. 1909 deceased (mo., day, yr.) If less than one day Years 8. AGE: RESERVED 38 16 9. Birthplace......Georgia (Town, county, and state) 10. Usuat occupation Machinist 11. Industry or business Naval Gun Factory, Wash. D.C. 12. Name LONG, Bennett A. 12. Name....... 13. Birthplace

Ga.

Cedar Hill

Date thereof.... 12-8-47

16 Informant Wife: Mrs. Ruth B. Long

Address 345 11th St., S.E., Wash., D.C.

Location Washington, D.C.

Address 517 11th St., S.E., Wash, D.G.

14. Maiden name TUCKER, Mary Lou
15. Birfhplace Ga.

burial 17. Burial, cremation, or removal. Which?)

(Date rec'd by registrar)

18. Funeral director. W. W. CHAMBERS.

D.C. Washington City or town..... (If outside city or town limits, write RURAL and give nearest town) 345 11th St., S.E. (If rural, give LOCATION) 3. (b) Social Security Number MEDICAL CERTIFICATION 20 DATE OF DEATH 5 December 19 47 at 10: A M 21. I CERTIFY that death occurred on the date above stated: that I aftended deceased from 5 Dec. 19 47 10 5 Dec. 19 47 (Include pregnancy within 3 months of death) Major findings of operations..... PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide..... Where did Injury occur?(City or town) Injured at home, farm, Industry, public place (where?)

R. LAFLECK. Lt. MC USN

USNH Bethesda.Md.

23. SIGNATURE....

Registrar

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PLEASE

DEC 8 1947

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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216

CERTIFICA	IE OF DEATH Reg. Dist. No.
1. DIACE OF DEATH: Montgomery City or town. Bethesda (rurel) (If outside city or town limits, write RURAL and give nearest town) How tong in above place of death? Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 1 day	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME LOVE, Mason Lee	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced male W-US married	MEDICAL CERTIFICATION 20. DATE OF DEATH
(separated from wife) 8.(c) If alive, give age year 7.8irth date of deceased (mo., day, yr.) 8. AGE: Years Months Days If less than one day 1.8 Years Months Days If less than one day 1.8 Years Months Days If less than one day	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec. 10. 19. 17. to. 11. Dec. 19. 17. and that I last saw h. i.Malive on 11. December 19. 17. Immediate carrierol death. 000RATION 3 day
9. Birthplace Tenn. (Town, county, and state) 10. Usual occupation. Unemployeed 11. Industry or business Printer by trade 12. Name LOVE, Charlie dec	last idthellare
14. Maiden name REYNOLDS, Laura Va.	Major findings operations. Date of op.
18. Intermant son: Mr. Delbert E. Love Address 323 7th St., N.E., Wash., D.C.	Antopsy results. PHYStCIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the tollowing:
17. burial Date thereof (month) (day) (year) (Burial, cremation, or removal. Which?) (month) (day) (year) Cemetery or crematory. Arlington National	Accident, suicide, or homicide
Location Arlington, Virginia 18. Funeral director W. W. CHAMBERS Address 517 llth St., S.E., Wash. D.C. 19. 12-11	23. SIGNATURE D. E. BILLMAN, Lt. JG MC USN M. D. or other

WITH UNFADING INK. Supply every item of information carefully. important. Physicians: please write the causes of death clearly and le BINDING FOR RESERVED MARGIN

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ribe correct age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

CERTIFICAT	Reg. Diat. No.
1. PLACE OF DEATH: County Ontgomery City or town. Oregon exp (If outskie eity or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: The Montgomery County Deneral Hospital or institution?	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
3. (a) FULL NAME Pobert. A. Lukens 4. Sex 5. Color or race 6. (a) Single, married, widowed, or divorced	3. (b) Social Security Number 214-03-9111
Male White Marvied 6.(b) Name of husband or wife. Mrs. Catherine hukers 7. Birth date of deceased (mo., day, yr.) Tune 21, 1908 8. AGE: Years Months Days if less than one day 39 5 24 hrs. min. 9. Birthplace (Town, county, and state) 10. Usual occupation CONTRACTOR 11. Industry or business 12. Name Henry hukers 13. Birthplace EICHORN Germany 14. Maiden name UNXNOWN	MEDICAL CERTIFICATION 2D. DATE DF DEATH. DEC. 2111 ber 15. 19. 47. 21. 10: 344 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Danagery 1944 to Dec. 15. 1947 2nd that I last saw him alive on December 15. 1947 Immediate cause of death DURATION Acute Cardiae 1854, 1612 Cardiae 2 2 days Due to Hyperten 1919 Cardiae 1894 Due fo December 1994 Due fo Day of December 1994 Due fo December 1994 December 1994 Due fo December 1994 Due fo December 1994 Due fo December 1994 Due fo December 1994 December 1994 Due fo December 1994 December 199
Address 17. BURIAL (Burial, cremation, or removal, Which?) Demetery or crematory COLESVILLE METHODIST CHURCH: Location COLESVILLE, MONTG CO. MD 18. Funeral director Daxnow & Pumply and Address SILYER SPRING- MO. 19. Dec. 17. 1847 Sertual B. Jawle	Antopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide

Registrar Address Sandy Spring and



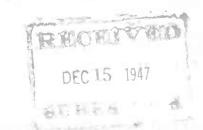
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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11410

CERTIFICAT	E OF DEATH Reg. Diat. No
1. PLACE OF DEATH: County Mon Tomery City or town. Be the sa a (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Life Hospital, Institution, or street address where death occurred: Subuy ban How long in hospital or institution? / 7 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State MAY Y And County Mo. n. 130 mey y City or town (If outside city or town limits, write RURAL and give nearest town) Street No. 236 Gyeat Falls, Road (If rural, give LOCATION) 2.(a) It veteran, name war. None
3. (a) FULL NAME Mr. Amos W. Magruder	3. (b) Social Security Number None
Male Science S. Color or race S. (a) Single, married, wildowed, or divorced Widowed	MEDICAL CERTIFICATION 20. DATE DF DEATH DEC. 10 1947 21:20 A.M
6.(b) Name of husband or wife Mollie W. Magruder 7. Birth date of deceased (mo., day, yr.) Dec. 2, 1850	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 22 19 17 to Dec 10 th 19 17 and that I last saw h
8. AGE: Years Months Days If less than one day 7hrsmin.	Immediate cause of death DURATION Broncho Person Red Man Mills.
9. Birthplace Bethesda, Monta, Md.	Due to MIXED 17+ECTION
1D. Usual occupation. Retired 11. Industry or business Farmer	Due to
12. Name Samuel W. Magruder 13. Birthplace Montgomery Co., Maryland	Other conditions Fracture 1.0 (Include pregnancy within 3 months of death)
14. Maiden name Riley	(Include pregnancy within 3 months of death). Majur findings of operations. Fractare hip
Address Bethesda, Maryland 17. Burial Date thereof Dec. 12, 1947 (Burial, cremation, or removal, Which?) Cemetery or crematory. Mt. Zion Cemetery	Autupsy results PHYSICIAN: Please underline the cause tu which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the following: Accident, suicide, or homicide
Address Rockville, Maryland 18. Funeral director. NM. Lawben Sumplines. Address Rockville, Maryland 19. Dec. 12th, 19 47. (Date rec'd by registrar) Registrary	Where did Injury occur? (City or town) (Gounty) (State) Injured at home, farm, Industry, public place (where?) Means of Injury slepped on flow Injured at work? [1/23/48 alec] 23. SIGNATURE M. D. or other Address. 900 - 1 to M. W. W. S. D. Date signed !! Sec 47



MARYLAND STATE DEPARTMENT OF HEALTH

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411	IA.	Charles	St.,	Daitimore	

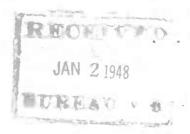
CERTIFICATE OF DEATH

Reg Diet No 216

				Reg. Dist. No	***************************************
City or town(IX How long in above place Hospital, institution, of US Nava.	Beth outside city or town to of death? or street address where 1 Hospital	Bethesda, Md.	2. USUAL RESIDENCE (HOME) OF (For newborn infants give residence of state	aty	arest town)
Now long in hospital	or Institution?	20 days	2.(a) It veteran, name war		
3. (a) FULL NAM	1E	ANLEY, Dorothy P.		3. (b) Social Security	Number
4. Sex female	5. Color or race	6.(a)Single, married, widowed, or divorced married	MEDICAL CE 20. DATE DF DEATH 21 Decemb	erTIFICATION er 1,47	10:55F
6,(b) Name of husband	Conto	F. Manley 6.(e) If alive, give age years mber 1, 1913	21. I CERTIFY that death occurred on the date about 1 Dec. 19	ve stated; that I attended dece 17 to 21 Dec 21 Dec	19 47
8. AGE: Yea	rs Months	Days It less than one day	Hypertension Arteri		5 yrs
10. Usual occupation	ess	wife	Due to Uremia due to Nept	irosclerosis	3wks
12. NameEu	lainne Str Ky.	uve	Other conditions (Include pregnancy within 3 n		
14. Malden name	John B. W.V	Payne a•	(Include pregnancy within 3 m		
Address Nav. 17buria. (Burial, crematic Cemetery or crema Location	al School Treasure I Treasure I Treasure I Treasure I Treasure I Treasure I Treasure	A. F. Manley, USN of Electronic Materiel, sland, Calif. Date thereof (month) (day) (year) ia Gardens ngton, Va. eral Home lvd., Arl, Va., N. C. C. range Gallicon	Antopsy results PHYSICIAN: Ptease underline the cause to whe 22. VtOLENCE: If death was due to external cau Accident, suicide, or homicide Where did injury occur? (City or town) Injured at home, farm, industry, public place (with Msans of injury) 23. StGNATURE	ich death should be charged ses, fill in the following; Oale of (County) Injured at work? FONLER, Jr, Co	(State) (State) dr. MC USN or other
19. 12-22	T4 (19	Mary C. Patterson Registrar	Address USNH Bethesda, Md.	Date signed.	12-22-47

RESERVED FOR BINDING MARGIN WITH UNFADING INK. Supply every item of information careful important. Physicians: please write the causes of death clearly an

PLEASE WRITE PLAINLY, V SA



manual series and the series

A MATERIAL

PLEASE WRITE

VS A15

1. PLACE OF DEATH:

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

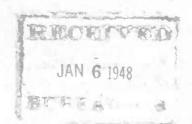
47/1

2. USUAL RESIDENCE (HOME) OF DECEASED:

11412 Ser. Dist. No. 223

CERTIFICATE OF DEATH

county Nontgomery	(For newborn infants give residence of mother)
(If outside city or town limits, write RURAL and give nearest town)	State County County
How long in above place of death? Since 11-24-47 Inon	(If outside city of town limits, write RURAL and give nearest town)
Hospital, Institution for street address where death occurred:	Street No. 324 D. St. M. W.
Washington San y Hosp.	(If rural, give LOCATION)
How long in hospital or institution? 11-24-47 mon. 722	χ.(α) It veleran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Harry K. Mann	45
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 47 9 20 P
Male White Tharried.	20. DATE OF DEATH MEL 31 General 19.
6.(b) Name of husband or wife Mrs. Marion H. Mann.	21. I CERTIFY that death occurred on the date above stated; that I altended deceased from
	19.7
7. Birth date of deceased (mo., day, yr.) Acea 10, 1889	and that I last saw h xxxx
8. AGE: Years Months Days 114ess than one day	Immediate cause of death
58 4 21hrsmin.	mediate to with year
9. Birthplace (Town, county, and state)	Due to.
10. Usuat occupation	Due to.
11. Industry or business	
# 12 Name Henry Manuel	Other conditions arterio arleros cuprom
13. Birthotace albany, 747.	Ratitis (
	(Include pregnancy within 3 months of death)
14. Maiden name Datak . D. 4.	Major fiediags of operations
E 15. Birthplace, albany, 1. 4.	Date of op.
16. Informant & assertal Records	Autopsy resolts.
	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address	22. VfOLENCE: If death was due to external causes, fitt in the tollowing:
(Burial, cremation, or repoval. Which?) Date thereot. (month) (day) (year)	Accident, suicide, or homicide
Cemetery or cramatory A Latest Classification	Where did injury occur?
Location Wash, D. C.	Injured at home, farm, industry, public place (where?)
18. Funeral director. As William Fig.	Means of Injury Injured at work?
Address 3.00+4. St. M. B. Mar A 11	Sterry Gradles
1/1 us Frishing wear	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	Address 1252 leet Ver Bate signed 78



WRITE

PLEASE

(Date rec'd by registrar)

MARGIN RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) Slate
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male W-US married	20. DATE OF DEATH. December 14 1947 at 10:13A.
6.(b) Name of husband or wife Isabelle J. Mathews 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) 6. November 1891	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 25 October 19 117, to 11 Dec. 19 17 and that I last saw h im alive on 11 Dec. 18 17 Duration
8. AGE: Years Months Days If less than one day 56 1 8hrshrs.	Infantin, pulmony I day
9. Birthplace S.C. (Town, county, and state) 10. Usual occupation. Retired Navy 11. Industry or business 12. Name MATHEWS, James T. dec.	Due to
Cemetery or crematory Arlington National	Accident, suicide, or homicide
Arlington, Va. 18. Funeral director. Joseph Gawler Søns Address 1756 Penn.Ave., N.W., Wash., D.C. 12 - 15 19. (Date rec'd by registrar) 19. (Date rec'd by registrar) 19. (Date rec'd by registrar) 19. (Date rec'd by registrar)	Injured at home, farm, Industry, public place (where?) Mesens of Injury Injured at work? 23. SIGNATURE USNH Bethesda, Md. Date signed 12-15-17.



WRIT

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(Date rec'd by registrar)

VS

correct age

1. PLACE OF DEATH: Montgomery

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

956

11414

Reg. Diat. No.

CERTIFICATE OF DEATH

ity or town(If	outside city or town lit	nits, write RU	RAL and give near	est town)
ow long in above place lospital, institution, or	e of death?	leath occurred: spital	, Bethesda	•••••
B. (a) FULL NAM			RMOTT, Hug	zh Oswel
. Sex	5: Color or race	6.(a)Single	, married, widowed, or	divorced
male	W-US	m	arried	
	or wife Sadi	6. (c)) If alive, give age	years
8. AGE: Year			It less than one da	у
51	8	10	hrs.	mln.
13. Birthplace	unknown	ugh A.	dec.	
15. Birthplace	W.Va.			
16, Informant WLI	e: Mrs. Saf Shepherd S			
burial (Burial, cremation (Cemetery or cremation	n, or removal, Which?)	Date There	of(month) (de	ay) (year)
	Covingt		•	FID
	Chapin S		Wash D.	C.
	19 47	1	man L To	110.

	3. (6)) Social Security N	lumber
	MEDICAL CERTIF	ICATION	
20. DATE OF DEATH	Dec. 19	19.4.7	1 4:10A
21. I CERTIFY that death oc	curred on the date above stated;	that I atlended decea 19 Dece	sed from
and that I last saw h	n allve on	9 Dec.	19.47
Immediate cames of death			DURATION
Due toRherere	to bacteriol s	rudocardi Lescaso	to indef
Other conditions	ncho-pueun	owa	Sdayo
(Include a	regnancy within 3 months of	death)	

PHYSICIAN: Please underling the cause to which death should be charged statistically.

22. VIOLENCE: It death was due to external causes, fill in the following:

Accident, suicide, or homicide.....

Msans of Injury

Whera	did injury	? russo	********	(City or tow	n)	(County)	(State)
njured	at home,	farm, in	dustry,	public place	(where?)		

R. D. NIES, Cdr. MC USN

Address USNH Bethesda, Md. Date signed 12-19-17

Injured at work?



2411 N. Charles St., Baltimore

CERTI	IFIGATE OF DEATH Rog. Diat. No. 216
1. PLACE OF DEATH: County	- State County County
How long in hospital or institution?	2.(a) It vetcras, name war
3.(a) FULL NAME PHILLIP	M. MEKIM 3. (b) Social Security Number
4. Sex 5. Color or race 8.(a)Single, merried, widowed, or div	MEDICAL CERTIFICATION
WI WIDOWE	R 20. DATE OF DEATH 0 CC. 7 1947, at 1:30 P
B.(6) Name of husband or wife LZ ABETH MACK	BEE 21. I CERTIFY that death occurred on the data above stated: that I attended decensed from Occ. 4 19 47 to Dec. 7 19 47
7. Sirth date of 3 4 7	nnd that I last saw h. J. 2003. all ve on Dec. 7
decensed (mo., day, yr.) Nov 23 / 86 / 8. AGE: Yenrs Months Days it less than one dayhrs	Immediate cause of death Cexelyal Hemoryhage 12 Hr.
9. Birihplace Mary (Town, county, and supe) 10. Usual occupation.	Due to. Due to
11. Industry or business 12. Hame. Philip Mc K. 13. Birthplace Steland.	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Selina Dakin 15. Birthplace England	Major findings of operations. Date of op.
16. Informant Donis H Inc Kim	Autopsy results
Address 2 0 0 Date thereof (month) (day	22. VIOLENCE: If denth was due to external chuses, fill in the tollowing; (year) Accident, suicide, or homicide
Cemetery or crematory Lewwood.	Where did injury occur?
Location twash. D.C.	Injured at home, farm, Industry, public place (where?)
Use al Territor	Moden of Injury Injured at work?
18. Funeral director Address/ 756-Pa. Que., Ne	V. Jansignature Planned Thergan MD
19. 12/8 19.47 91m E Ja	Registrar Address Manflern Ratt Date signed 12/4

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15



VS A15

age

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

						-	
A. PLACE OF DEATH:					2. USUAL RESIDENCE (HOME)	OF DECEASED:	
county Nontgomery				(For newhorn infants give residence of	·		
Near Bethesda (If outside city or town limits, write RURAL and give nearest town)			TITO AT I I I A CITE	State Maryland Count Montgomery			
How long in above place of death? (If outside city or town limits, write RURAL and give nearest town)			ORAL and give nearest town;	City or town Near Bethesda	ts, write RURAL and give n	no nost town)	
How long in about Hospital, institu	ution, or str	eet address where	death occurred	•	Street No. 6415 River Rd.	R.F.D. # 7	eatest town)
641	5 R1	ver Ros	d.,	***************************************		re LOCATION)	*********************
How long in ho	spital or ins	titulion?		······································	2.(a) It veteran, name wM.O		
3. (a) FULL	NAME					3. (b) Social Security	Number
(CLAUD	E McLA	AUGHLI	N		None	
4. Sex	5	. Color or race	6.(a)Single	e, married, widowed, or divorced	MEDICAL C	ERTIFICATION	
Female		White	Sin	gle	20. DATE OF DEATH Dec. 1		.7.30P
		او براو راو	راه داه داه داه د		21. I CERTALY That death occurred on the date at		
6.(b) Name of I	husband or	wife******	carde dede de		21. I CERT I that death occurred on the date at		
7. Birth date of			6.(e) If alive, give ageyears	and Ital I last saw h wally on De		
deceased (m	o., day, yr.)	May 19,	1884		Immediate cause of death.		OURATION
8. AGE:	Years	Months	Days	If less than one day	hemoth oc		
	63	6	12				
9. Birthplace	Geor	gia		A-A-A	Oue to Arteres Slype	Timon	10 400 +
9. Birthplace. Georgia (Town, county, and state) 10. Usual occupation. Retired			tate)	J*		*** ***********************************	
					Due to		***
	business	lesturar	16			***************************************	***************************************
12. Name.	Fran	k McLau	ighlin		Other conditions		***
₹ 13. Birthpl	lace	?			(Include pregnancy within 3		
H 14 Maide	n name Su	e Math:	is				
15. Birtho	-	eorgia			Major findings of operations		
		77.	2 0 1	. 9		Date of op	
				th	PHYSICIAN: Please underline the cause to v	which death should be charge	Latatistically
Address	5415	River I	Rd. Be	thesda, Md.			31413-11-41-7
17 Crer	matic	n	Date ther	eof. 12-3-47 (month) (day) (year)	22. VIOLENCE: If death was due to external ca		
)	(month) (day) (year)	Accident, suicide, or homicide,		o
Cemetery or	crematory	Cedar I	dill (emet ery	Where did injury occur?(City or town)	(County)	(State)
Location	Suitl	and. Mo	1.		Injured at home, farm, Industry, public place (where?)	
				Sumphney .	Means of Injury	injured at work?	
					NA.		0
Address 7	557 W	lis. Ave	e. Bet	hesda, Md	23. SIGNATURE / Man	u lagi M	1.2
10 /2	12	19.4.7	Th	nE bles.	de de la constant de	THITE	or other
(Date fec	d by regist	rar)	F	Registrar	Address 1130 Cana . 17	Date signed	16.2.7-1



FOR BINDING

MARGIN RESERVED

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

13/a

1141

CERTIFICATE OF DEATH

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) give nearest town) (If rural, give LOCATION) 2.(a) If veteran, name war... 3. (b) Social Security Number CERTIFICATION DURATION (Include pregnancy within 3 months of death) Major findings of operations..... PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide..... Where did injury occur?

(City or town)

injured at home, farm, Industry, public place (where?)

Msans of Injury

(County)

2... Date signed A

1. PLACE OF DEATH MOUL GOWERY	2. US
County	
City or town (If outside city or town limits, write RURAL and give nearest town)	State
How long in above place of death?	City or
Hospital, Institution, or street address where death occurred:	
WAVERLY JANITARIUM	Street
How long in hospital or institution? 4925.	2.(a)
3. (a) FULL NAME	1.
Atima Keigh mercer,	N
4. Set 5. Color or race 8. (a) Single, married, widowed, or divorced	-
Temple White Widowed	20. DA
1	-
6.(b) Name of husband or wife CARROLL MERCER	21.10
	Zyen
T. Birth date of deceased (mo., day, yr.) Sure 18 1863	and the
8. AGE: Years Months Days / If less than one day	Immed /
£4hrsmin.	Cl
	-u
9. Birthplace (Town, county, and state)	Due to
10. Usual occupation AT Home	
	Due to.
11. Industry or business	
E 12. Name JOHN TUNIS	Diher o
13. Birthplace	*****
14. Maiden name CAROLINE HONDERSON 15. Birthpiace N. C.	
15. Birthplace N. C	Major
As a la Director Property	*******
16. Informani MRS. W. RUTHERFORD	PHYS
Address ALLAMUCHY N.J.	22. VI
BURIAL Date thereof Dec. 28, 1947	
17 But 1814 L Date thereof Dec. 28 1947 (month) (day (year)	Accide
Cemetery or crematery artism ton hattand	Where
Location Defluction Ua:	Injured
18. Funeral director / as Secules as	Msans
-0 0	
Address 176 ta. ave. n. w.	23. S
19. 14 26 19 47 Mm E Johns	20, 0
(Date rec's by registrar) Registrar	Addres

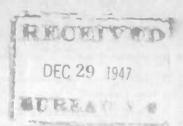
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important.

especially

VS A15

PLEASE



VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and egibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICAT	E OF DEATH Reg. Dist. No	
A. PLACE OF DEATH: County Montgomery City or town Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of Meath? Hospital, Institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 13 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3.(a) FULL NAME MORGAN, Luman Edgar	3. (b) Social Security	Number .
male MALE 5. Color or race Mole 8.(a) Single, married, widowed, or divorced married	MEDICAL CERTIFICATION 20. DATE OF DEATH. December 5 19 47	, 12:30A M
6.(b) Name of husband or wife Kathleen Morgan 6.(c) If alive, give age years 7. Birth date of deceased (mo., day, yr.) March 20, 1883	21. I CERTIFY that death occurred on the date above stated: that I attended deces November 12 19 47 10 5 December and that I last saw h im alive on 5 December	ber 19 47
8. AGE: Years 64 Months Bays If less than one day	Coronary Heart Disease, Arterio- scerotic	1945
9. Birthplace Ill. (Town, county, and state) 10. Usual occupation Retired Navy 11. Industry or business	Arteriosclerosis General Due to Diabetis Mellitus	1945 1917
12. Name MORGAN, Lunan dec 13. Birthplace N.Y. 14. Malden name HADDEN, Alma dec 15. Birthplace Ill.	Diber conditions Arteriolonephrosclerosis Pulmonary Congestion, left lower lo (over) (Include pregnancy within 3 months of death) Major findings of operations. Date of OD.	
18. Informant Mrs. Kathleen Morgan Address 3516 Lowell St., N.W., Wash., D.C. 17. Cremation Date thereof 12-8-17 (Burial, cremation, or removal, Which?) (month) (day) (year) Cemetery or crematory Arlington National	Autopsy results	statistically.
Location Arlington, Va. 18. Funeral director S. H. HINES Address 2901 LithSt., N.W., Wash., D.C. 19. 12-5-17 (Date ree'd by registrar) Registrar Registrar	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? Injured at work? 23. SIGNATURE. T. E. JARRETT, Cdr. MC USN M. D.	or other
19. (Date rec'd by registrar) Registrar	Address USNH Bethesda, Md. Date signed.	12-5-47

Duration

Other conditions (con't) Gangrene of left 2nd and fourth toes - 10-29-47
Amputation suprocendyle, rt. leg 1945



MARGIN RESERVED FOR BINDING

PLACE OF DEATH

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11419

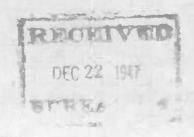
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2 HISHAL DESIDENCE (LLOME) OF DECEASED.

CERTIFICATE OF DEATH

Dist No 2/3

County Montgomery	(For newborn infants give residence of mother)
City or town Derwood	state Maryland county Montgomery
(If outside city or town limits, write RURAL and give nearest town)	Domicod
How long in above place of death? Life time	(If ontside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. None
None	(If rural, giva LOCATION)
How long in hospital or institution? None	2.(a) If veteran, name war. None
3. (a) FULL NAME	3. (b) Social Security Number
******* ALLETTA MAGRUDER MUNC	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	
	MEDICAL CERTIFICATION
Female White Married	20. DATE OF DEATH Duember 13 19 47 at 11 15 7 M
6.(b) Name of husband or wite John E. Muncaster	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
5.(c) If alive, give age 78 years	1940 19 10 Delle 13 1947
7 Digith data of	and that I last saw help alive on Deletaring 19 4
deceased (mo., day, yr.) January 23, 1874	Immediate cause of death
8. AGE: Years Months Days It less than one day	70000
73 73 10 20hrsmin.	di ali
	with metalias to long
9. Birthplace Montgomery County, Maryland (Town, county, and state)	Due to
1D. Usual occupation Housewife	
11. Industry or business None	Due to
	74
E 12 Name Thomas W. Waters	Other conditions Plane
13. Birthplace Montgomery County, Maryland	(Incinde pregnancy within 8 months of death)
14. Malden name Mary E. Magruder	
14. Malden name Mary E. Magruder 15. Birihplace Montgomery County, Maryland 16. Informant Miss Emma Muncaster (daughter)	Major findings of operations. Home Dana deadley
= 15. Birinplace Floringomety Country, Maryland	Dale of op.
16. Informant Miss Emma Muncaster (daughter)	Actopsy results
Address Derwood, Maryland	
17. Burial Burial, eremation, or removal, Which?) (Burlal, eremation, or removal, Which?) (month) (day) (year)	22. VIOLENCE: If death was dye to external causes, fill in the following;
	Accident, suicide, or homicide Date of
Cemetery or crematory Rockville Union Cemetery	Where did injury occur?
Location Rockville, Maryland	Injured at home, farm, industry, public place (where?)
18. Funeral director. WM. Ramban Lampanay	Meens of Injury Injured at work?
Address Rockville, Maryland	7/20 P f iell 729
5000	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) Registrar	K m / 11 / 11 / 12 / 12 / 12 / 14/14/14/
(Date rec'd by registrar) Registrar	Address Date signed



2/

CEPTIFICATE OF DEATH

correct age

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully, is especially important. Physicians: please write the causes of death clearly and

MARGIN RESERVED FOR BINDING

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County Montgomery Co.	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infauts give residence of mother)
City or town 4406 Lelan St.s., Chevy Chase Md. (If outside city or town limits, write RURAL and give nearest town) Now long in above place of death? Hospital, institution, or street address where death occurred: 4406 Lelan St., Chevy Chase Md. How long in hospital or institution? None	State Nd. county Montg. City or town Chevy Chase, Maryland (If outside city or town limits, write RURAL and give nearest town) 4406 Lelan St., (If raral, give LOCATION) None
3. (a) FULL NAME Lederich Malcolm (3. (b) Social Security Number None
Male White Single	MEDICAL CERTIFICATION 20. DATE OF DEATH
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19
8. AGE: Years Months Days If less than one day 21	Immediate cause of death DURATION
9. Oirthplace Bethesda, Md. (Town, county, and state) 1D. Usual occupation None 11. Industry or business None 12. Name Frederick J. Offutt	Due to
13. Birthplace Maryland 14. Malden name Lula B. Heffner Maryland Maryland	(Include pregnancy within 3 months of death) Major findings of operations
18. Informant Frederick J. Offutt Address 4406 Lelan St., Chevy Chase Md. 17. Burial 18. Informant Frederick J. Offutt Oate floreof 12/9/47 (Hurlal, cremation, or removal Whileh?) Cemelery or crematory Location D. C. 18. Funeral director Level Level Level Level Characters 18. Funeral director Level Level Level Level Characters 18. Funeral director Level Level Level Level Characters 18. Funeral director Level Level Level Level Level Characters 18. Funeral director Level	Autepsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide. Where did injury occur? (City of town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury 22 Cal rufle Shaf injured at work? Lauk 1. Breechart M.D.
Address Bethesda, Maryland 19. (Date reed by regetrar) 19. 47 Registrar Registrar	23. SIGNATURE M. D. or other Address Date signed 1. 2



BURES OF

MARYLAND STATE DEPARTMENT OF HEALTH 2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State
3.(a) FULL NAME OVERACKER, Baile y Brooks	3. (b) Social Security Number
Male W-US single married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE OF DEATH 12 December 19 47 21 3:28 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nove 11 18 117 to Dece 12 19 17 and that I last saw h imalive on 12 Dece 19 17
8. AGE: Years Months Days If less than one day 11 19	Immediate cause of death OURATION Ading war were my formach Indigence I Mantherit
9. Birthplace Washington, D.C. (Town, county, and state) Farming 10. Usual occupation	Oue to
11. Industry or business 12. Name OVERACKER, Charles M. 13. Birthplace Fla.	Other conditions Penatron the general Quate Indeports They mais Brocks (Include pregnancy within 3 months of death)
14. Malden name EISTON, Daisy D. 15. Birthplace	Major fields of operations & M. T. S.A.S. am a J. Stranger. Major fields of operations & M. T. S.A.S. am a J. Stranger. M. T. Jungmann & M. T. S.A.S. am a J. Stranger. M. T. Jungmann & M. T. S.A.S. am a J. Stranger.
16. Informant mother: Mrs. Daisy D. Overacker Address Maurertown, Va.	PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
17. burial Date thereof 12-13-117 (Burial, cremation, or removal. Which?) Cemetery or crematory. Cedar Hill	Accident, suicide, or homicide
Location Washington, D.C. 18. Funeral director Arthur J. Walters	Injured at home, farm, Industry, public place (where?)
Addrass 254 Carroll Ave., T. koma Park, Md. 19. 12-12 (Date rec'd by registrar) Registrar Registrar	R. N. SHELLEY, S.dr. MC USN 23. SIGNATURE M. D. or other Address USNH Bethesda, Md. Oate signed 12-12-17

PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legitly

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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH

2411 N. Charles St., Baltimore

Reg. Dist. No. 212

11422

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)	
County Of Contagnation	State Md. County Monty.	
(If outside city or town limits, write RURAL and give nearest town)	1	
How long In above place of death?	City or town. (If outside city or town limits, write RURAL and give nearest town)	*****
Hospital, Institution, or street address where death occurred:	Street No	
11-20	(If rural, give LOCATION)	
How long In hospital or institution?	2.(a) If yeteran, name war	*****
3. (a) FULL NAME	3. (b) Social Security Number	
James 14en by Wir	(RA) none	
4. Sex 5. Color or race 6.(a) Single, married, widowed, by divorced	MEDICAL CERTIFICATION	_
male Colored Wedowie	20. DATE OF DEATH ALC. 1947, at 4	17.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from	15
6 (c) if alive give age years	19 Y 19 Y 19 Y 19 Y	<i>()</i>
7. Birth date of deceased (mo., day, yr.)	and thet I last saw h. M. alive on now 10 19.	4)
8. AGE: Years Months Days If less than one day	Immediate cause of death DURATI	ION
-j -jhrsmin.	Man general	19
	Dance dead	
9. Birthplace (Town, county, and atate)	Due to An Tana Canada .	
1D. Usual occupation	Shaked hadir tood Destroated behad to the	
11. Industry or business	Due to	
	Other conditions Kelt Asmioleacher 230	20
12. Name Borry 13. Birthplace Borry 13. War 12. Name		in
	(Include pregnancy within 8 months of death)	
14. Malden name DANT LANGE WILLIAM 15. Birthplace William Control Cont	Major fiadings of operations	
15. Birthplace Vicinty	Date of op	
16. Informant Laure Overe	Autopsy results.	
Address Barnervelle. Md.	PHYSICIAN: Please underline the cause to which death should he charged statistically.	—
17. Burial Date thereof 12/13/47	22. VIOLENCE: If death was due to external causes, fill in the following:	
(Burial, cremation, or removal. Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide	*********
Cemetery or crematory	Where did injury occur?	
Location Mean Oarnesville mil	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. Clarence I+ Tours	Meens of injury Injured at work?	
Address Pottle Notella VIII	12 41 Adams ma	
De 13 117 m. Co Mit	23. SIGNATURE M. D. or other	
(Date rec'd by registrar)	Address Oalesull and Date signed 12/12	140
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VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

2411 N. Charles St., Daitimore

Reg. Dist. No. 2/6

11423

CERTIFICATE OF DEATH

	Keg. Dist. No L. M.
ounty	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
Sex 5. Color or race 6.(a) Single, married, widowed, or divorced make. Married.	MEDICAL CERTIFICATION 20. Date of Death 36 Death 1947, at 21.45 Pm
(b) Name of bushed or wife Programme Lee Parke. Birth date of deceased (mo., day, yr.) Dec - 15. 1868.	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from 2.2. 3.4. 19.4. 1. to 19.4. 1. 19.4. 1. and that I last saw h. 1.02. aliva on 3.2. 2.4 19.4. 19.4. 19.4
AGE: Years Months Days It less than one day 77 0 15	Immediate cause of death OURATION 3 Ar. Caspeal Hamby Gardenel (745-1946. Bue to Asteria school generalized - 20 //.
(Town, county, and state). 0. Usual occupation. 1. Industry or business. 1. See Rock Rock Rock Rock Rock Rock Rock Rock	Bue to Artised Hyphilines 57.
12. Name. Carlos Princes. 13. Birthplace Africa Traces. 14. Maiden name. Carlos Traces.	Other conditions of death) (include pregnancy within 3 months of death) Major findings af operations.
6. Interment Wife. Address # 918 Montgoney Lone. Beth.	Antopsy results
(Burial, cremation, or removal, Whichi) Cemetery or crematory Company of the state of the stat	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide
8. Funeral director Aseph Sawling Sanky Sakara Sawling Sakara Sawling Sakara Sawling Market Salar Sakara Sawling Market Salar Sawling	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? Injured at work?
9. 12/3/ 1947 Mr EJoles (Date roc'd by registrar) Registrar	23. SIGNATURE M. D. or other Addrese 7936 Surgt Rd Ballyda Date signed 3124 1947

Sall and Beefing mention art by , and the start for a a y and and a of the state on land ment de la come de la Doc 15 1818 Des a some of the 3h. Const. I was a sure of the second · 1948 -- 1948 -- 1 destroy of the start of The state of the state of a scholares a day in the services a anally account to the second É ... (3. 11. 15 Plan Jel - Bone day 221 18 2 1 1 2 La 132 E. The second of th 1-1 -12

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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11424

CERTIFICATE OF DEATH

Reg. Dist. No. 2-23-

	Reg. Dist. No.
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
ounly Mary govery	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
ity or town. Ja Ruma Pork. (If outside city or town limits, write RURAL and give no	earest town) Takena Park
w long in above place of death? 27000ths 15 days ?	74KS (If outside city or town limits, write RURAL and give nearest town)
ospital, instilution, or street address where death occurred:	509 Tackson Ave.
Washington Sant Hosp	(If rural, give LOCATION)
w long in hospital or institution? 2 men the 150	2.(a) If veteran, name war
. (a) FULL NAME	3. (b) Social Security Number
Payne, Mrs Lillie AppA Sex 5. Color or race 6.(a) Single, married, widowed, with the sex of the	
	or divorced MEDICAL CERTIFICATION
Temple white axidosaxd	d: vorced 20. Dec 11, 1947 at 6:30 P.
P. 0. fl 9.	
(b) Name of husband or wife. Tayana, Arthur Ex	
1883 6.(c) If alive, give age	years and that I last saw in ULL alive on Dac 11, 1847
Birth date of deceased (mo., day, yr.) Oct-21, 1884	
AGE: Years Months Days If less than one	day Deneralized adenocarcinamatoria
63 2 20hrs.	
	att were
Birthplace Blos-burg Po (Town county, and atate)	Oue to
Usual occupation / Lousewife	
	Oue to
Industry or business	
12. Name Dailey, James 13. Birthplace Pa	Dther conditions
13. Birthplace	(Include pregnancy within 3 months of death)
14. Maiden name Ingels, Emmagen 15. Birthplace Pa	Major findings of operations Same as above
15 Rirthniace	Major findings of operations. Oats of op. 8-7-47
	U218 OT OD
Informant Hospital Admission Record F.	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address 509 Jackson Ave Takoma Park	mary land
Burial, cremation, or removal, Which?)	/ Y) • Colored
Burial, cremation, or removal, which!)	(day) (year)
Cemetery or commatory to get Ferresle El	Where did injury occur?
Location Prince Deorges County,	Injured at home, farm, industry, public place (where?)
Funeral director S. H. Hines Cs.	Means of Injury Injured at work?
	1110
Address 2,901-14 St. D. Ag. 17/10	ORTHO. 23 SIGNATURE Paul 1. Starr. M.D.
12/11 "112 4 / Thomas	M, D, or other
(Date we'd by registrar)	Registrar Address alama Lank, Md. Oate signed 12-11-47



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

				Kog.	DIEC 110	************
1. PLACE OF I	DEATH:	*H	(For newborn infants g	HOME) OF DECEASE	4	
		limits, write RURAL and give nearest town)	State MIATH LAS	ad County	Myly	
(1	If outside city or town	ilimits, write RURAL and give nearest town)	City or town Kink	ty or town limits, write RURA	***	
How long in above pla	ace of death?	re death occurred: SUBUY DAM HOS				1)
	George		Street No. PONCS	t Glen Rd,		**********
	or Institution			(If rural, give LOCATION)		
			2.(a) It veteran, name war			
3. (a) FULL NA	ME			3. (b) So	cial Security Number	
130	bert F	Erry				
4. Sei	5. Color or race	6.(a)Sin le, married, widowed, or divorced	MI	EDICAL CERTIFICA	ATION	0
m	0	***		10. 24	117 17	1 1 1
-111		-1.1	20. DATE OF DEATH	10-00	19.47 21.12	.sl.lN
6.(b) Name of husba	and or wife			ed on the date above stated; that		1
			12-9	19.4-7 to 1	12-28	19.4.7.
7. Birth date of	1900	(a)	and that I last saw hal	lve on		19
deceased (mo., da		("/	Immediate cause of death		DUI	RATION
8. AGE: Ye	ears Months	Days If less than one day	Carcina	ma		
58(:)		hrsmin.	- Primary	4 1 .		
0 0146-1			Due to.	C.A. el 1	3	
3. Birinpiace	(Tow	n, county, and state)	Due Iva	•••••••	0.220000000	
10. Usual occupatio	habore	er	0 - 1-	•	***************************************	
11. Industry or busin	nace		Due 10	***************************************		

12. Name			Dther conditions	***************************************		
	(3)		(Include pres	nancy within 3 months of deat	(h)	
14. Maiden nan	me (?)					
15. Birthplace	121					
			A . A	Da	ite of op	
16. Intermant	· LU. Kirl	\(\sigma\)		the same to publish death about		
Address Fo	rest Gle	en Rd - Kensington 1		the cause tu which death shu		y
12:	10	hlle 31, 1947	22. VIOLENCE: It death was d	lue to external causes, till in the		
(Burial, cremst	ion, or removal. Which	h?) Oate thereof		***************************************	Date of	
Cemetery or crem	(0)	inly Hame	Where did Injury occur?	(City or town)	ounty) (State)	
	Id a le	usel. med.		public place (where?)		
Location	150	and the same of th			ed at work?	
18. Funeral director	1): 7:	Smurden	Maana of Injury	Injur	JU AL WOTK!	
Address	(is a l	aille mid	80	100	m. h	
VQB1039	1 LUCK	11/2	23. SIGNATURE	yam yren	ers IV D.	
19 /2/ 3	19.47	Me 6 gobeo		1	M. D. or other	
(Date we'd by	registrar)	Registrar	Address		Date signed	

WITH UNFADING INK. Supply every item of information carefully important. Physicians: please write the causes of death clearly and RESERVED FOR BINDING MARGIN

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11426

CEDTIFICATE OF DEATH

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CERTIFICAT	Reg. Dist. No. // Q.
1. PLACE OF DEATH: Montgomery County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland, MD. County Montgomery Etchison, MD. Rural R.F.D. City or town (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give Legation) 2.(a) It veleran, name war. 3. (b) Social Security Number None
Female White Single	MEDICAL CERTIFICATION
6.(b) Name of husband or wife	20. DATE DF DEATH
8. AGE: Years Months Days If less than one day 84 3 9 hrsmin.	Immediate Cause of deals
9. Birthplace Maryland, (Town, county, and state) none 1D. Usual occupation None 11. Industry or business None Franklin M. Price	Due to Hypertenear Heart Unlevan
12. Name Maryland.	Diher conditions
E 14. Maiden name Laura Bready Price 15. Birthplace Maryland	(Include preggracy within 3 months of death) Major findings of operations. Date of op.
Caroline W. Price Gaithersburg, MD. R.F.D.	Antopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically.
Burial Dec. 28.194 (Burial, cremation, or removal, Which?) MT Tabor MD. Dale thereof (month) (day) (year)	Accident, suicide, or homicide
Localion Etchison, MD. Roy W. Barber	Injured at home, farm, industry, public place (where?) Means of Injury Injured at work?
18. Funeral director Laytonsville, M.D. 19. (Date rec'd by registrar) 18. Funeral director Laytonsville, M.D. Registrar	23. SIGNATURE Jack Alumale M. D. or other 24. Transport Med M. D. or other



2411 N. Charles St., Baltimore

CEPTIFICATE OF DEATH

			1
Diet	 2	1	6

CERTIFICAT	LE OF DEATH	Reg. Dist. No.
County	City or town	ounly Managive pearest town) (E. W. C.
3. (a) FULL NAME 4. Sex 5. Color or race 8. (a) Single, marries, widowed, or divorced	MEDICAL C	3. (b) Social Security Number CERTIFICATION
male white married 6.(6) Name of husband or wife Sallie	2D. DATE DF DEATH	bore stated; that I attended deceased from
7. Birth date of deceased (mo., day, yr.) 8. AGE: Years Months (Pays 1f less than one day 78 7 0 hrs	and that I last saw h	Dea 2 1947
9. 8irtholace (Town, county, and aforte) 10. Usual occupation Paper Seller	Due to Cardioverno Due to Cardio	la recol lupulane ? chlais
11. Industry or business 12. Name Pobert 13. Birthplace	Other conditions	3 months of death)
14. Maiden name	Major fiedings of operations	
Address Starte & Acapital 17. (Burial, cremation, or removal. Which?) Cemetery or cremature.	22. VfOLENCE: If death was due to external c Accident, suicide, or homicide Where did injury occur?	auses, fill in the following;
Location Roanske Virgenia 18. Funeral director W. W. Chariff Co Address / 400 Okalin St. M. W.	Injured at home, farm, Industry, public place (
19. Rec 3 19. Hg. 7m 6 Jule (Date rec'd by registrar) Registras	Address Audulian Ho	M. D. or other Rell Kate Signed 3 DAO. 4

FOR BINDING RESERVED MARGIN PLAINLY, WITH UNFADING INK. Supply every item of information carefully. is especially important. Physicians: please write the causes of death clearly and the cause of death clearly and death cl

r age

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11428

Reg. Diat. No. 216

1. PLACE OF DEATH: County NONTROMERY City or town (It outstook city or town hands, write KUKAL and give nearest town)		MONTBOME	
How long in above place of death?	City or town		
nospital, inspirution, or street address where drain occurred:	Street No. 2 WILLIAM	SLAME	***************************************
Row long in hospital or institution?	2.(a) it veteran, name war	LOCATION)	
3. (a) FULL NAME		3.(b) Social Security	NL
MARY C. RAFTERY.		3.(0) Social Security	
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CE	RTIFICATION	
7. White wedowed	20, DATE OF DEATH. Decem	le 14 1947	at 2:40 P m
8.(6) Name of husband or wite. PATRICK RAFTERY.	21. I CERTIFY that death occurred on the date above		
7. Sirth date of	and that t last saw h alive on	ecente 14	19 4 7
deceased (mo., day, yr.) surpensur	Immediate cause of death	4 *** ** * * * * * * * * * * * * * * *	DURATION
8. AGE: Years Months Days It less than one day	arteriocleur		10 year or
8. Sirthplace. BALTIMORE M. d. (Town, county, and state)	Due to		***************************************
10. Usual occupation HOUSE WORK			* 10 **********************************
11. Industry or bosiness	Due to	***************************************	*
12. Name THOMAS WELCH. 13. Birthplace / RELAND.	Other conditions	•••••••••••	* *************************************
	(Include pregnancy within 3 m	anthe of double	
14. Maiden name CATHERINE CARLUS 15. Strthplace RELAND.			
9 15. Birthplace IRELAND.	Major fiedings of operations		
18 totomant I rass only (0) hell	Actorey results.	4	
Address (1) William Lorne	PHYSICIAN: Please noderline the cause to whi		statistically.
17 Bullet Bote thereat Dec 17 441	22. VIOLENCE: It death was due to external caus Accident, suicide, or homicide		
		£1	
Cemelery or crematory	Where did injury occur?(City or town)		
Location	injured at home, farm, industry, public place (who		
18. Funeral director. J. F. Coscello	Meaos of Injury	Injured at work?	0 1
Address 1722. noch Coop. It, Wach. Dec.	23. SIGNATURE Michael). M Ineir	ey Mas
19. 12 15 19 47 W 6 Johnson	Address 1150 . Coma aun	M. D. o	- y
	Wester	la of C.	

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MARYLAND STATE DEPARTMENT OF HEALTH-

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Diat. No. 216

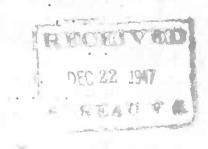
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgomery	*****
City or town Bethesda, rural (If outside city or town limits, write RURAL and give nearest town)	Stale Va. County Lorton (rural)
How long in above place of death? 15 days	City or lown
Hospital, Institution, or street address where death occurred:	Chand No.
U. S. Naval Hospital, Bethesda, Md.	(If rural, give LOCATION)
How long in hospital or institution? 15 days	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
REID, Silas (nmi)	
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white ?	
	20. DATE DF DEATH 26 December 19 47 at 11:50 R
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	ears and that I last saw h im alive on 12-26- 19 47
7. Birth date of deceased (mo., day, yr.) 24 October 1874	and that I last saw halive on
8. AGE: Years Months Days if less than one day	Immediate cause of death DURATION Carcinomic lower would
73 2 2hrs.	min. C. milastania
Virginia	
9. Birthplace	Due to
1B. Usuat occupation	Due to
11. industry or business	Due 10
	NI. and the second
12. Name unknown	Diher conditions
	(Include pregnancy within 3 months of death)
14. Malden name unknown	Major findings of operations.
2 15. Birthplace	Date of op.
16. Informant Brother: Mr. James W. Reid	Autopsy results.
	PHYSICIAN: Please underline the cause to which death should he charged statistically.
The deal of the second	22. VIOLENCE: If death was due to external causes, fill in the following:
11	Accident, suicide, or homicide
Cemetery or crematory Beullah Cemetery	
	Injured at home, farm, Industry, public place (where?)
Locallon Occoquan, Virginia	Mesns of Injury Injured at work?
18. Funeral director Hall Funeral Home 7. Z. 13.	a. E. Marland, Jr.
Address Occoquan, Virginia	A. E. MARIAND Jr//It. JG MC HSN
12 27 Mary Pottonson	23. SIGNATURE M. Dags other 1.7
19. 12-27 (Date rec'd by registrar) 19. 12-27 (Bate rec'd by registrar) 19. 12-27 (Registrar)	USNH Bethesda, Md. Date signed M. D 1°2-27-47

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Reg.	Diat. I	No.	2	16	

Reg. Dist. No. 216	
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3. (b) Social Security Number	
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tnjured at work?	
-1 10 100 1001	
Lt. JG MC USN M. D. or other	
• 12-17-47	
	Duration Duration Duration Z Duration D



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 2 /]

1600

1. PLACE OF DEATH: County //onfgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For nowborn infunts give residence of mother)
(D) \mathred ma / /	State Mary land County Mout gowery
City or town (If outside city or town limits, write RURAL and give nearest town)	Backwille
How tong in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. A # 2 - Seven hocks Moad
The Montgomeny County yerreral Hosp. tal	(If rural, give LOCATION)
How long In hospital or Institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Alfred Harry Ricketts	
4. Sex 5. Color or rapd 6.(a) Single, mapfled, wildowed, or divorced	MEDICAL CERTIFICATION
Male White Single.	20. DATE OF DEATH Dec. 6 1947 of 4 P.
8.(U) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	Due to De 6 19 T
7. Birth date of 10	and that I last saw h
deceased (mo., day, yr.) Dec. 6, 1947	Immediate cause of death
8. AGE: Years Months Days If less than one day	204-00
0 0 0 min	1. Consental Odeleslans
9. Birthplace @ Iney, Mautgomery Co. Maryland	Due to Os : C
9. Birthplace (Town, county, and state)	+ Demalurates _ 1
1D. Usual occupation of M & aut -	- (6 morale len)
11. Industry or business	Due to Place to The Thomas
6 /	Dther conditions
	(Include pregnancy within 3 months of death)
E 14. Maiden name Vear Randolph Sangster	Major findings of operations
14. Maiden name Vear Randolph Sangster 15. Birthplace Washington, 7. C.	Date of op.
11 11 11 1	
16. Informant Tospetal Tecords	Autopsy results
Address	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) Date thereof (month) (day) (year)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	Assistant, saistant, at its instance.
Cemetery or crematory	Where did injury occur?
Location	Injured at home, farm, industry, public place (where?)
MM Ra Da Publice	Meens of Injury Injured at work?
18. Funeral director.	00 00 1. 17
Address Belfsoda Md.	23. SIGNATURE CLOSELY H. FLOOM ME
. Dec- 6 .47 Gestrude & Janob	M. D. of other
(Date rec'd by registrar) Registra	Address Dafe signed

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct ag

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2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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Rog. Diat.	No

Date signed 12-22-42

	Reg. Dist. 140	0 P T 0 PM
County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	
3. (a) FULL NAME	3. (b) Social Security Number	
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION 20. DATE DF DEATH. Lea 2 2 19.50.7 at / i.e.	v. P.
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above etated; that I attended deceased from 19	TION
9. Birthplace		
12. Name 12.	Other conditions	
14. Maiden name Line Recourt 15. Birthplace 16. Birthplace	Major findings of operations. Date of op.	
Address & 48° Prestance All 22 6 47 17. (Burial, cremation, or removal, Which?) Cemetery or crematory. Page 1 7 and Caractery	Autopay results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	
18. Funeral director Except & Garlier Address Parthers and	Injured at home, farm, Industry, public place (where?) Missens of Injury Injured at work? Injured at work?	
19. Dec. 23 1947 abuda & Santa (Date rec'd by registrar) Registra	23. SIGNATURE M. D. or other Address Address Bate signed 12.2.2.2	. 4

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The State of the 36 -5 - 719 12 - 30 M. RECEIVED DEC 27 1947 BUREAUVAL

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County MONTGOMERY	State Md. County MONTGOMERY
City or town. TAKOMA TAKK (If outside city or town limits, write RURAL and give nearest town)	City or town TAKOMA PARK.
How long in above place of death? 25 years	(If outside sty or town limits, write RURAL and give nearest town)
Hospital, Institution, or strept address, where doesn't occurred:	Street No. 23 Localiana WB. (If rural, give LOCATION)
How long In hospital or Institution? I days	2.(a) If veteran, name war.
3. (a) FULL NAME	3. (b) Social Security Number
CHESTER LEROY	ROGERS. NONE.
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
M W MARRIED.	20. DATE OF DEATH DECEMBER 24th 1947 at 953 P. M
6.(b) Name of husband or wife ANNA J. TOGERS	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
S (c) If all ye give age 50 year	is last three forme 18
7. Birth date of deceased (mo., day, yr.) Nov. 18, 1894	and that I last saw h
8. AGE: Years Months Days If less than one day	Immediate suse of death OURATION
5-3 / 6hrsmi	Jollan wester of much brus
NEWBERG DOECON	
(Town, county, and state)	Due to Cartial to Cartile 2 days
10. Usual occupation DECRETARY	Due to Stillusting beautiful
11. Industry or business GENERAL CONF. of S.D.A's.	Isolable beulad
12 Name FRED REED ROGERS	Other conditions thurs (times)
12. Name FRED REED ROGERS. 13. Birthplace MINN.	(Include pregnancy within 3-months of death)
14 Maiden name MINNIE GROVES	as alone
14. Maiden name MINNIE CTROVES 15. Birthplace NEW YORK.	Major findings of operations.
ANNO T. ROCKES	Actorsy results
27 /11	PHYSICIAN: Please ooderline the caose to which death should be charged statistically.
Address & S WOODLAND AVE	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?) (month) (day) (year)	Accident, suicide, or homicide.
Cemetery or crematory HA Lincoln Cometered	Where did injury occur?
Location Bladenshurg Road at Dist Line)	Injured at home, farm, Industry, public place (where?)
(Mary) a Flather	Means of Injury Injured at work?
18. Funeral director Address 254 Carpal Comman Jana	So (u shold sond
12 Por Maria	23. SIGNATURE
(Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address 500 whenved Date signed 12/15/4
(Sany 100 and	midhle

RESERVED FOR BINDING MARGIN PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legible

A15 S

WRITE

PLEASE



PLEASE

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11434

Reg. Dist. No.

1. PLACE OF DE				2. USUAL RESIDENCE (HOME) 01 (For newborn infants give residence of i	F DECEASED:	
CountyMO	ntgomery			D.C.	mother)	
City or town	Betheso	a (rur	URAL and give nearest town)	State Washington	oty	
(II	outside city or town	mon. 1	days	City or town(If outside city or town limits	write RURAL and give nea	rest town)
How long in above place Hospital, Institution, o	e or death? r stree1 address where	death occurred	1:	Street No. 1600 17th St., S		
US Nava	l Hospjtal	. Beth	esda, Md.	Street No	LOCATION)	1/
U. to a benefit of	. lestitution2	1 mon	lli days	(If rural, give		V
				Electric resident and resident	1 2 13 2 2 15 2	NT 1
3. (a) FULL NAM		ES, Ber	njamin Hollis		3. (b) Social Security	Number
4. Sex	5. Color or race	6.(a)Sings	e, married, widowed, or divorced	MEDICAL CI	ERTIFICATION	
male	W-US		single	20. DATE DF DEATH Dec. 11		. 8.55 E
murre	1 44-05		STUGTO			
6.(b) Name of husband	or wite			21. I CERTIFY that death occurred on the date abo	ve stated; that I attended doce	ased from
			c) I1 alive, give ageyears	27 Oct.		
7. Birth date of	Sent		23, 1896	and that I last saw h im alive on		
deceased (mo., day.	y1.7	Days	It less than one day	Immediate cause of death		DURATION
o. AGE.				Broulogenen		24 W.
51	2	10	hrs min.		1	
9. Birthplace Washington State (Town, county, and state) 10. Usual occupation Machinist		Due to barangus,	Sloward	Zyra		
				Due to	***************************************	
	ss Navy Ya					
E 12 Name RU	GCLES, Wil	liam Ne	elson ded	Dther conditions	***************************************	
12. Name RUGCLES, William Nelson ded Ark.		Gattioumasten	succeal	14 mount		
				(Institute bregnancy within 3 r	onths of doubth)	
HI 14. Malden name	Ind		t	Major fiudings of operatious		
15. Birthplace	Tug				Date of op	
16 Interment mot	her: Mrs.	Harrie	t Wait	Autopsy results adenocassino	wa stomas	4
				PHYSICIAN: Please nuderline the cause to wi	hich death should be charged	statistically.
	17th St.,			22. V10LENCE: If death was due to external cau	ises, fill in the following:	
17 buria		Date the	reol 12-15-17 (month) (day) (year)	Accident, suicide, or homicide	Date o1	
(Burial, crematio	tory Arling	ton Na	tional	Where did injury occur?(City or town)		
LocationA	rlington,	Va.		Injured at home, farm, Industry, public lace (w		*************************
				Msans of Injury	Inhured/a1 work?	
				Willyus	DRE, Jr., LCDR	
Address 517	11th St.,	S.E. W	ash., D.C.	W. A. /DINSMO		
12-1	21.7	ma	n Callison Patterson Registrar	USNH Bethesda, Md.	M, D.	12-12-47
Date rec'd by I	egistrar) 19.44.1	Mari	Registrar	Address	Date signed.	



VS A15

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

11430 13/0

	ERIIFICALE OF DEATH Reg. Dist. No. 222
1. PLACE OF DEATH: County	City or town (If outside city or town limity, write RURAL and give nearest town) Street No
How long in hospital or institution?	2.(a) If veteran, name war
4. Sex 5. Coler prince 6.(a) Single, married, w	3. (b) Social Security Number dowed, or divorced MEDICAL CERTIFICATION
7 0 - 0	Michael 20. DATE DE DEATH NICE 6 1947, at M
6.(b) Name of husband or wife	e ageyears 21. I CERTIFY that death occurred on the date above stated: that I attended deceased from
8. AGE: Years Months Days If less to 77 10 2	an one day This
9. Birthplace (Town country, and state)	6 Due to Sentity - Sent us
10. Usual occupation.	
11. Industry or business 12. Name Labas 6. Lug 13. Birthplace Wash Al 14. Malden name M. Leongeanna 6 15. Birthplace Wash Al-6.	Diher conditions. Augustana Super 6 40.
El se suttorno Warla Her 6.	Major findings of operations
16. Informant Elyde & Barret Address Colorado Celly Washing	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or removed, Which)	nchy)(day) (year) Accident, suicide, or homicide
Cemolery or crematory	Where did injury occur? (City or town) (County) (State)
Location	Injured at home, farm, Industry, public place (where?)
18. Funeral director the tangenal IV	Means of injury Injured at work?
Address 300 - 4th M. E. Y	ask X DO / 23. SIGNATURE NAME AND ASSAURANCE OF THE SIGNATURE NAME OF THE PROPERTY OF THE PROP
19. (Date ree'd hy registrar)	11 Consister Registrar Reg

MATERIAL TO TRACE WITH THE TABLE OF TABLE OF

DEC 20 1947

2411 N. Charles St., Baltimore

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114363

CERTIFICATE OF DEATH

1. PLACE OF DEATH: County Contgonery County	2. USUAL RESIDENCE (HOME) OF D (For newborn infants give residence of mot)	her)
City or town	Stale County City or town Taxona P	ark and give nearest town)
How long in above place of death? The ont 22 days 19h 357 Hospital, Institution, or street address where death occurred:	Street No. 911 Day	is Que.
How long in hospital of Istitution? Imanth 22 days 1915 15m	(11 rdfal, give LOC	CATION)
3. (a) FULL NAME		3. (b) Social Security Number
Shellenberger Mrs Margaret		
4. Sex 5. Color or race B.(a) Single, married, provented	MEDICAL CER	TIFICATION
F White	20. DATE OF DEATH Dec 26	10 47 1 9.20 a.
5.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above s	
5.(c) If alive, give ageyears		
7. Birth date of 9 1 10 1/1.	and that I last saw h. R. L. alive on	
deceased (mo., day, yr.) & A 1874.	Immediate cause of death M. A. M. S	
8. AGE: Tears Months Days It less than one day	with Acidosis &	ng Multiple
73 9 29hrsmin.	Sloughing Decubit	ur Ulceur Tweeks
9. Birtholace Charles Co- md.		VPG (CO) MEC
9. Birthplace	of right Humerus	177 = 1
10. Usual occupation. It are with	Due to Barkinson's	
11. Industry or business		
12 Name Toseph Henry Fousier	Differ conditions Hyper traphic	
# 14. Maiden name Souch Eller Shorter	(Include pregnancy within 3 mon	
	Major findings of operations	
15. Birthplace Charles Co. md.	1	Date of op
Address Jakon a Park ma	PHYSICIAN: Please underline the cause to which	death should be charged statistically.
	22. VIOLENCE: If death was due to external causes,	till in the following;
17. Henroal Based Date thereof. 730 / 4	Accident, suicide, or homicide. A. C. S. i. A.	1 0.35 - 03
(Burial, cremation, or removal, Which?) Campton or cramators (In limited Xalesus Generally)	Whose did lainer come? Toksman Pk	
Cemetery or crematory and the control of the contro	- (City or town)	(County) (State)
Location Control Control Control	Injured at home, farm, Industry, public place (where	I Injured at works No
18. Funeral director X	meens of injury	1 1
1901- 14-20 11 11 81/1	0 11/ /	1. 12 0 100

Registrar

Address...



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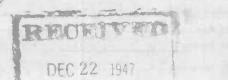
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1760

1 PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County Montgamery	-1
City or town	State Mary land County Mantgomery
How long in above place of death?	City or town
Hospital, Institution, or street address where death occurred:	
The Montgomery County General Hospital Su	Street No
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Mrs. Ethel Shates	
4. Sex 5. Color or race 6.(a) Single, magned, widowed, or divorced	MEDICAL CERTIFICATION
Female White	
Female White	20. DATE OF DEATH DECEMBER 6 1947 at S.O.S.A.M
S.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	ang 19.47 to December 6 19.42
7, Birth date of	and that I last saw her alive on December 6 19 47
deceased (mo., day, yr.) August 22, 1884	Immediate cause of death
8. AGE: Years Months Days If less than one day	
63 3 14min.	Decondary evenina 3 mo
9. Birtholace Oreman town, Manyland	Due to Carcistoma I large
9. Birthplace O Erman town Maryland (Town, county, and atate)	internet track & ms
10. Usual occupation	
	Oue to
11. Industry or business	
12. Name Hovace D. Waters 13. Birthplace Germantown, Maryland	Other conditions
	(Include pregnancy within 3 months of death)
14. Maiden name Valeica Fumphrey 15. Birthplace German town, Maryland.	Major findings of operations
15. Birthplace German town, Maryland.	
	Oate of op.
16. Informant Hospital records.	Autopsy results
Address Struck Md.	
12.0 15	22. VIOLENCE: If death was due to external causes, fill in the following;
Burial, cremation, or removal, Which?) (Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
Cemetery or crematory	Where did injury occur?
1 m 10° 0 m	Injured at home, farm, Industry, public place (where?)
Location fullished and the second of the sec	Means of injury injured at work?
18. Funeral director director discontinue of the director	20 1
Address Delhes de Md	Algrochack M.O.
Des 1 de l'étable de	23, SIGNATURE M. D. or other
(Date rec'd by registrar) (Date rec'd by registrar) Registrar	Address Qa. Hersbarg, Mary land Date signed 12/6/47



BURNA

2411 N. Charles St., Baltimore

11438

CERTIFICAT	TE OF DEATH Reg. Diat. No. 776
1. PLACE OF DEATH: County	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State Maryland County Montgomery City or town Chevy Chase (If outside city or town limits, write RURAL and give nearest town) Street No. 301 Broad Branch Road (If rural, give LOCATION) None 3. (b) Social Security Number
LELIA A. STONE * * -	None
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Female White Widowed	MEDICAL CERTIFICATION 2D. DATE OF DEATH December 16th, 19 47, at 7:00A
6.(b) Name of husband or wife John P. Stone 6.(c) If alive, give age deca years 7. Birth date of decased (mo. day, vr.) April 19, 1866	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1947, 100 15 1947 and that I last saw here alive on how the same of th
deceased (mo., day, yr.) April 19, 1866	Due to Arterio - sclerolis . 8-year
1D. Usual occupation Housewife 11. Industry or business Home 12. Name William M. Hardesty 13. Birthplace Maryland	Due to Seculity Dither conditions Chronic nephritis & years
14. Malden name Martha E. Renshaw 15. Birthplace Maryland	(Include pregnancy within 3 months of death) Major findings of operations
Address Chevy Chase, Maryland 17 Burial Date thereof 12/18/47 (Burial, cremation, or removal, Which?) Cemetery or crematory Rockville Union Cemetery Location Rockville, Maryland 18. Funoral director. Address Bethesda, Maryland 19. 12/18 19/47 Registrar (Dato rec'd by registrar) Registrar	Autopsy results PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: It death was due to external causes, till in the tollowing; Accident, suicide, or homicide

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The is especially important. Physicians: please write the causes of death clearly and legit MARGIN RESERVED FOR BINDING

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DEC 22 1947

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47 97

2411 N. Charles St., Baltimore

11430

CERTIFICA	Reg. Diat. No. 210
1. PLACE OF DEATH: County. Montgomery City or iown. Be the sda (rural) (If outside eity or town timits, write RURAL and give nearest town) How long in above place of death? 1 month, 23 days Hospital, institution, or street address where death occurred: US Naval Hospital, Rethesda, Md. How long in hospital or institution? 1 month, 23 days 3. (a) FULL NAME STONE, Ralph William	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION
Male W-US single	20. DATE DF DEATH 29 December 18 47 4 3:30 4
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that t attended deceased from 6 November 19 47, to 29 Dec 19 47 and that I last saw h im alive on 29 Dec 19 47. Immediate cause of death County DURATION
8. AGE: Years Months Days If less than one day 10 hrs. min. 9. Birihplace Mass. (Town, eounty, and atate)	Due to Conny Thumbur 3 plus
10. Usuat occupation unknown 11. Industry or business 12. Name STONE, Albert dec. 13. Birthplace Mass.	Due io
14. Maiden name KNIGHT, Georgia Anna dec. Mass.	Major findings of operations. Date of op.
Address Alcot Road, Mahwah, N.J. burial Date thereof 12-31-47 (Burial, cremation, or removal, Which?) (month) (day) (year) Arlington National Location Arlington, Va. 18. Funeral director S. H. HINES Address 2901 14th St., N.W., Wash., D.C. 19. 12-30 19.17 Mary C. Patterson Registrar	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charged statistically. 22. VIOLENCE: If death was due to externat causes, fill in the following; Accident, suicide, or homicide. Whers did injury occur? (City or town) (County) (State) Injured at home, farm, industry, public place (where?) Means of injury D. E. BILLMAN, Lt. JG MC USN 23. SIGNATURE. M. D. or other USNH Bethesda, Md. Date signed 12-30-17

WITH UNFADING INK. Supply every item of information carefully. The important. Physicians: please write the causes of death clearly and legibly FOR BINDING MARGIN RESERVED

WRITE PLEASE SA



PLEASE WRITE PLAINLY, WITH UNF is especially important.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

160a

CERTIFICATE OF DEATH

70				106. 2100.
City or town(18 How long in above pla Hospital, Institution, of US Nava How long in hospital	ntgomery Bethesda Coutside city or town in the second death? So of death? Hospital Or Institution?	death occurred: Bethesda, Md.	City or town Washin (If outside city or town limi Street No. 7317 Alaska Av	gton ts, write RURAL and give nearest town) enue, N.W. re LOCATION)
3. (a) FULL NAM	ME.	SULLIVAN, Gerard Dennis		3. (b) Social Security Number
4. Sex Male	5. Color or race W-US	6.(a)Single, married, widowed, or divorced Single	MEDICAL C	r 19 47 a 11:59P
7. Birth date of deceased (mo., day 8. AGE:	, yr.) 28 De		21. I CERTIFY that death occurred on the date at 28 Dec	bove stated: that I attended deceased from 47 to 28 Dec 19 47 28 Dec 19 47
10. Usual occupation	tess	county, and atate)	Due to	
13. Birthplace			(Include pregnancy within 3 Major findings of operations	ges in cerebral and
Address USS 17	DAMATO, DD ial on, or removat. Which atory Arling rlington, W. W. CHAM	Date thereof 12-30-17 (month) (day) (year) ton National Wa. BERS 63.	PHYStCIAN: Please underline the cause to y 22. VIOLENCE: If death was due to external control of the cause to y Accident, suicide, or homicide	which death should be charged statistically. auses, fill in the following; Oate of



2411 N. Chartes St., Baltimore

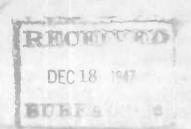


MARGIN RESERVED FOR BINDING

PLEASE

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
County	State Maryland County Marty.
(If outside city or they limits, write RURAL and give nearest town)	10:1- 11 -1
How long in above place of death?	(If outside city or town liptie, write RUAL and give nearest town)
Hospital, Institution, or street address where death occurred:	Street No. 200 E. Hadrellton avs
106 & Jaklin SN	(If rural, give LOCATION)
How long in hospital or institution?	2.(a) If veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Tenrose R. Talle	
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION
male white widowed	20. DATE DE DEATH. 19. 4. 7 , 21 / 2:40 P. M
	21. I GERTIFY that death occurred on the date above etated; that I attended deceased from
8.(b) Name of husband or wife	
7. Birth date of	and that fast saw h. slive on 222
deceased (mo., day, yr.) July 25 1861	Immediate cause of death
8. AGE: Years Months Days If less than one day	4.
86 4 20nrsmin.	Coronary orchisem
9. Birthplace Melanington Del	Due to.
(10 nd, county, and state)	/
10. Usual occupation Melting Contention	Due to.
11. Industry or business	/
= 12 Name Charles Tally	Dther conditions.
12. Name Calable Justing 13. Birthplace del.	
	(Include pregnancy within 3 months of death)
14. Maiden name Mary Zebley 15. Birthplace Del.	Major findings of operations
^ -	Date of op.
16. Informant Jack. Talley	Actopsy results
Address 200 E. Hamelton st. Seton Sky.	
Sommal +	22. VIOLENCE: If death was due to external causes, fill in the following;
	Accident, eulcide, or homicide
Cemetery or crematory Charter Bethel	Where did injury occur?
Location Wilmington Velowore	Injured at home, farm, induetry, public place (where?)
18. Funeral director The 5H. Hines Co	Means of Injury Injured 2t work?
1	To 11 Boont at Me.
Address 2901 1416 ST N.W. WAG 61 DC.	23. SIGNATURE M. D. or other
19 De 15 19 47 Soughura Car Cachard	and an affective
(Date ree'd by registrar) Registrar	Address farther lang pro Date signed / 2-15-67.



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MARGIN

PLEASE WRITE PLAINLY, '

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

1				
Reg.	Dist.	No.	216	

CERTIFICAT	Reg. Dist. No.
1. PLACE OF DEATH: County Montgomery Elly or town Be thesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospitat or institution? 1. hrs., 50 minutes 3. (a) FULL NAME TAYLOR, Baby Girl	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State
4. Sex 5. Color or race 8.(a) Single, married, widowed, or divorced female W-US	MEDICAL CERTIFICATION 2D. DATE OF DEATH 11 Dec. 1947 3:50 A
6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 10 Dec. 19 47 to 11 Dec. 19 47 and that I last saw h er alive on 11 Dec. 19 47 Immediate cause of death DURATION Premature - 6 Mo gestation -
9. Birthplace Bethesda, Md. (Town, county, and atate) 10. Usual occupation none 11. Industry or business 12. Name TAYLOR, Clarence Paul	Due to Due to Dither conditions No abnormalities except prematurity
13. Birthplace 14. Malden name	(Include pregnancy within 3 months of death) Major findings of operations
burial Date thereof 12-16-17	22. VIOLENCE: It death was due to externat causes, till in the tollowing; Accident, suicide, or homicide

DEC 18 1947

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

11443

CEDTIFICATE OF DEATH

			CERTIFICA	TE OF DEATH	Reg. Dist. No.
1. PLACE OF DE	ATH: 1539-Red	Oak	Dr.	2. USUAL RESIDENCE (HOME) ((For newborn infants give residence of	
City or town(If	Silver-S	pring	-Md URAL and give nearest town)	Montgomery	ounty
How long to above place of death?		Street No. 1539 -Red Og	ts, write RURAL and give nearest town) ak Dr. Sil. Spg. Md.		
How long in hospital o	r tastitution?	*************		2.(a) It veteran, name war	
3. (a) FULL NAM	E	Si	dney Andrew Ta	avlor	3. (b) Social Security Number
4. Sex	5. Color or race		e, married, widowed, or divorced	-	ERTIFICATION
Male	White	Ma	rried		1947 at 9. 30 An
8.(b) Name of busband			Taylor	21. I CERTIFY thal death occurred on the date at	
T. Birth date of	Com	t-26-	7) If altre, give ageyea	and that I last saw h	19.
deceased (mo., day, 1 8. AGE: Years 43		Daya	If less than one day	Immediate canso of death	
10. Usual occupation	Service	Status	u Reases	Bue to	
12. Name	?	i i cay		Other conditions	
14. Maiden name.	3			(Include pregnancy within 3	
S 15. Birthplace	?				
16. Informant			ylor k Dr. Sil. Spa	Autopsy results	rhich death should be charged statistically.
(Burial, cremation	e, or removal, Which?) Oxford		(month) (day) (year)	22. VIOLENCE: If death was due to external ca Accident, suicide, or homicide	Date of
Location	Dog 10	• • • • • • • • • • • • • • • • • • • •		(City or town) Injured at home, farm, lodustry, public place (1	
18. Funeral director	Don K	lune	ral Hous	Means of Injury	Injured at work?
Address	4812-G	orgi	a Av- Wash-D.C	23 SIGNATURE M. BU	ologe M.D.
19. Jec 9	19 4	Jacob	nich School for		h. R.d. Date signed Dec 8.

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of information carefully, see of death clearly and

WITH UNFADING INK. Supply every important. Physicians: please write th PLAINLY, V WRITE PLEASE A15 AS

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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			CERTIFICAT	TE OF DEATH Reg. Diat. No	
City or town	the sda (restricted and state of the sda (restricted address where all Hospital institution?	ural) mits, write RURA day, 3 h death occurred:	ours sda, Mde day, 3 hours	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State	earest town)
male s.(b) Name of husband o	5. Color or race W-US	6.(a)Single, ma	married	MEDICAL CERTIFICATION 2D. DATE OF DEATH	
7. Birth date of deceased (mo., day, yr. 8. AGE: Years 56 9. Birthplace	Months 11 a. (Town, Policema Capitol	Days 10 county, and state	f less than one dayhrsmin.	Immediate cause of death Manuschope Cerebral Due to Due to	19
13. Birthplace 14. Malden name 15. Birthplace 16. Informant. Wife	YLOR, Robe unknow TUCKER, S unknown : Mrs. Man	vn Bophie n Taylor	•	Other conditions (Include pregnancy within 3 months of death) Major findings of operations Date of op. Autopsy results.	shage
17. buri (Burial, cremation, Cemetery or cremator Ar Location Ar 18. Funeral director Address G	al or removal. Which? Arling lington, Va W. W. CHAL eorgetown	Date thereof ton Natio	R.	22. VIOLENCE: If death was due to external causes, fill in the following; Accident, suicide, or homicide	(State)



VS A15

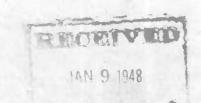
MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

1144.5 Reg. Dist. No. 2/2

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Motilgomery -	(For newborn infants give residence of mother)
Site or down / Officey -	State hay long County Montgony
City or town	City or town Xarthurshing , my of Third
How long in above place of death?	(If outside city or town limits, write RURAL and give nearest town)
Hospital, Institution, or streef address where death occurred:	Street No.
montgoney Co. gent Hoperal	(If rural, give LOCATION)
How long in hospital of institution? This teast	2.(a) ff veteran, name war
3. (a) FULL NAME	3. (b) Social Security Number
Katie Ikomas -	S. (o) Becauty Manuel
4. Sex 5. Color or race 6.(a) Singin, married, widowed, or divorced	MEDICAL CERTIFICATION
7 1 1.1. 0	70 1
Lemale Rhed Married -	20. DATE OF DEATH Scenber 19 19 47, 21 5 PM
milian Ilma	21. I CERTIFY that death occurred on the date above stated; that f attended daceased from
6.(b) Name of husband or wife / rule all chopses -	December 7, 18 47, 10 December 19, 18 47
7. Birth date of deceased (mo., day, yr.) OU 14 = 1886 =	and that I last saw h. loralive on
	Immediai- cause ol death
o. Aut.	Uverno 12 days
6/ 5_ 5hrs. 5.2min.	
(NI 14th 1884 hope and	Due to Cirlinisla Mephrocleman ? years
9. Birthplace(Town, eounty, and state)	Due to Appleaces to By Superior 1310
1D. Usual occupation.	
ID. Usual occupation	Due to full blockers we Con all was Contract . If and.
11. Industry or business	Dischare
= 12, Name James V - Wallace	Other conditions Branchs preumma / wh
Z 13. Birthplace / Wash . G. SML	(Include pregnancy within 8 months of death)
= 14. Maiden name Lucus a Cus	
E 15. Birthplace maryland -	Major findings of operations.
≥ 15. Birthplace mary and	Date of op.
16. informant 1+optial	Autopsy results
Colored - De d -	PHYSICIAN: Please underline the cause to which death should be charged statistically.
Address Whey - Ma	22. VIOLENCE: If death was due to external causes, fill in the following;
(Burial, cremation, or removal, Which?)	Accident, suicide, or homicide
(Burial, cremation, or removal. Which?) (month) (day) (year)	
Cemetery or crematory toward home	Where did injury occur? (City or town) (County) (State)
montoned Co mil	Injured at home, farm, industry, public place (where?)
Location ()	Meens of tnjury Injured at work?
18. Funeral directors tork W Barker	meens or injury injured as works
10/10/201	1) 1 - [] () 01.
Address Sallowill have	23 SIGNATURE / abeat / Williams
Del 99 III Sentind Ryand	M. D. or other
(Date rec'd by registrar) Registrar	Addres Mars T Samen San Hospalas Date signed 12-19-47



PLEASE

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1860

3 11446

Par Dist No 22

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
County Maritgomery	··· -D. L. L 10/. /		
City or town			
How long in share ni death? 6/2 day 5	(If outside city or town limits, write RURAL and give nearest town)		
Hospital, Institution, or street address where death occurred:	Street No. 1608 Michigan ave. 7. E.		
Washington Sanitarium at Hospital	(If rural, give LOCATION)		
How long in hospital or institution?	2.(a) If veleran, name war		
3. (a) FULL NAME	3. (b) Social Security Number		
Tues mis abuse Eliza.			
4. Sex 5/ Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
Kennele Telhite Widow	20. DATE OF DEATH Clas 15 19 47 , 6:00 A M		
Female White Widow	20. DATE OF DEATH.		
6,(b) Name of husband or wife	21. I CERTIFY that teath accounted on the date above stated; that I attended deceased from		
	0 1-		
7. Birth date of deceased (mo., day, yr.) September 29, 1857	and that I last saw h		
8. AGE: Years Months Days I less than one day	Immediate cause of death		
90 2 19 hrs. min.	Frating Sue (Vaila pasters) take,		
1/ 12/			
9. Birthplace (Town, county, and state)	Due to.		
10. Usual occupation	Due to.		
11. Industry or business	greeting sech of ferry. Int		
12. Name Herrell, Mr. Jewiss. 13. Birthplace Warranton, Vicainia	Other conditions) Groterias 620.		
13. Birthplace Warranton, Vicania	Lemble ys		
	(Include pregnancy within 3 months of death)		
14. Malden name Maux tiay, Hester 15. Birthplace Warranton, Virginia	Major findings of aperations		
E 15. Birthplace Warranton, Virginia	Date of op.		
16. Informant Washington Sanitarium Records	Autopsy results		
	PHYSICIAN: Please underline the cause to which death shauld be charged statistically.		
Tarlorno Tarlorno	22. VIOLENCE: If death was due to external causes, till in the following:		
17. (Burial, example of removal, Winch?) Date thereof. (month) (397) (year)	Accident swielder or homicides. Dale of the 19, 1947		
y and an end a self to payed an	Where did Injury occur? Marshington D.E.		
Cemetery or crematory	(City or town) (County) (State)		
Location Noesvery de 6:	Injured a home tarm, industry, public place (where?)		
18. Funeral director Lee Luneral Home	Misens of Injury Injured at work?		
11 4 8) has a Brill to So 2 10	00 D 11 19		
Address 4 - 30 / wsp., with the state of the	23. SIGNATURE Kuzzell a. Dlunn, Mr. V.		
19 Dec. 18 1947 / 1/1/1/1/1/10/10/10/10	M. D. or other Rev. 18 Av		
(Date rec'd by registrar)	Address Date signed		



WITH UNFADING INK. Supply every item of information carefully. The correct again important. Physicians: please write the causes of death clearly and regibly.

PLEASE

(Date rec'd by registrar)

RESERVED FOR BINDING

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

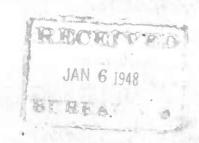
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11447

CERTIFICATE OF DEATH

Reg. Diat. No. 216

1. PLACE OF DEATH: County Montgomery Bethesda (rural) (If outside city or town limits, write RURAL and give nearest town) How long in above place of death? 2 months, 22 days Hospital, institution, or street address where death occurred: US Naval Hospital, Bethesda, Md. How long in hospital or institution? 2 months, 22 days	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn Infants give residence of mother) State
3.(a) FULL NAME TURNER, Thomas Leslie	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced Male W-US married	MEDICAL CERTIFICATION 20. DATE DF DEATH DECEMBER 31 19 47 4 5:40P
Mrs. Verda Turner 6.(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that i attended deceased from October 9 19 147 31 Dec. 18 17 and that I last saw h imalive on 31 December 19 17 Immediate cause of death. Malestandor DURATION
8. AGE: Years Months Days It less than one day	Inghin Retrighton 3 Month
9. Birthplace	HANT Span and
12. Name Mr. William Turner dec. 13. Birthplace Md. 14. Maiden name Paddy, Jenetta 15. Birthplace Md.	Bither conditions (Include pregnancy within 3 months of death) Major findings of uperations. Major findings of uperations. Major findings of uperations.
16. Intermant wife: Mrs. Verda Turner Huntingtown, Md.	Antopsy results
burial (Burial, cremation, or removal, Which?) All Saints Cemetery or crematory. Sunderland, Md.	22. VIOLENCE: If death was due to external causes, fill in the following: Accident, suicide, or homicide
18. Funeral director Wm. H. Hutchins & Sons AND Address Owings, Md. 1-2 48 Mary C. Patterson	Means of Injury tnjured at work? 23. SIGNATURE. J. P. JONES, Jr. Lt. JgMC USNR M. D. or other LISHUP-though M. D. or other



2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

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log.	Diat.	No.	2	1.60

- V				
1	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED:		
	County MAYELGOMLANG	(For newborn infante give residence of mother)		
	City or town.	State County County		
1	City or town	City or town (If outside fry or town limits, write RERAL and give nearest to		
	How long in above place of death? Hospital, jpejitution, or streel address where death occurred:	10 June 14	reet town,	
	Dethert Mersland	Street No. (If rural, girls LOCATION)		
	How long In hospital or Institution? 5 Mg a das	2.(a) If veteran, name war		
	3. (a) FULL NAME ALLIA H TITLE	3. (b) Social Security	Number	
	MRS, FINNA FI. IUITLE			
	4. Ser 5. Color or race 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
	Temale It Medawell	20. DATE OF DEATH		
	1 - D. I TUTTIE			
	6.(b) Name of husband or wife.	1936 10 12 Dec	1947	
	7. Sirth date of	and that I last saw have alive on 11 Dec 47	19	
ļ	deceased (mo., day, yr.) august 2, 1864	Immediate capse of death.	DURATION	
	8. AGE: Years Months Days If less than one day	Acate Relyance Ordena	74tons	
	83 4 10min.			
	Dition Min Miles.	Ostari Schrotic Heart		
	9. Birthplace (Town, county, and state)	Diverse	1041GT	
	10. Usual occupation at home said			
		Due 10	***************************************	
	11. Industry or business	Barolet's autis	5 7/000	
	12. Name OFENRY HUNDAN HILRON 13. Birthplace NEW YORK	Other conditions		
		(Include pregnancy within 3 months of death)		
	14. Malden name MARBARETH, ROE 15. Birihplage NEW YORK	Major findings of operations.		
	15. Britiplace NEW YORK	Date of op.		
	My Care Of May san	Autopsy results.		
	16. Informant 1	PHYSICIAN: Please underline the cause to which death should be charged	statistically.	
	Address / Luncy Sty Ch. Che, The	22. VIOLENCE: If death was due to external causes, fill in the following:		
	17. 13 Ward Date thereof Dec 16, 1947	Accident, suicide, or homicide		
	(Burlal, cremation, or removal, Whiteh?) (month) (day) (year)		000000000000000000000000000000000000000	
	Cemelery or cremalory.	Where did Injury bccur?	(State)	
	Location / Complete State of the state of th	Injured al home, farm, industry, public place (where?)	000000000000000000000000000000000000000	
	Joseph Sawlers Sans	Means of Injury Injured al work?		
	18. Funeral director.			
	Address / Db Fenne, and	23. SIGNATURE Worth Strends (14)		
	10 12/12 1047 My Elles	11 Sa Consideration	or other	
	(Date redu by registrar) Registrar	Address 150 Connection Date signed	ance to	
		wedlington the		

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DEC 15 1947

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11449

2411 N. Charles St., Baltimore

8 Reg. Diat. No.

CERTIFICATE OF DEATH

/							
1. PLACE OF DEATH:			2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother) State				
County							
						How long in above place of	
How long in above place of a Hospital, institution, or stro	death?	death occurre	1:	Street No. 1229	Gerard St.	N.W.	1
				Street No.	(If rural, give LOC	ATION)	
US Naval Hospital, Bethesda, Md. How long In hospital or Institution? 1 month, 3 days				2.(a) If veteran, name war.			
	titution?			2.(a) II veteran, name war			
3. (a) FULL NAME		WADE,	Joseph Ambrose			3. (b) Social Security	Number
4. Sex 5.	. Color or race	6.(a)Sing	e, married, widowed, or divorced	N	MEDICAL CERT	FIFICATION	
male	Col.			2D, DATE DF DEATH	O December	19.4.7	. 5:45 Pm
a sta Nove of burband on	wife			21. I CERTIFY that death occ	curred on the dats above st	ated; that I attended decr	eased from
6.(b) Name of husband or						10 Dec	
7. Birth date of			c) If alive, give ageyears	and that I last saw h im	Callve on 10 I	ec.	1947
deceased (mo., day, yr.)	Au		, 1884	Immediate cause of death	usemi	0 +	DURATION
8. AGE: Years	Months	Days	If less than one day	acido	ينا		2 mc
63	3	25	hrs min.				
Md				Durin durier	terio Co	edeo	104
8. Birthplace Md.	(Towr	, county, and	atate)	Relie	Loisen	، سعر	
1D. Usual occupation	unknow	n				***************************************	** 100000000000000000000000000000000000
				Due to		***************************************	***
11. Industry br business	- Ja Dan	damin	dos	D.	Lith		7
		Jamin	dec	Other conditions.		A .	j
13. Birthplace	Md.			(Include p	regnancy within 3 mont	ths of death)	
14. Maiden name 15. 8irthplace Md	Duckett	, Caro	Line dec				
Md Md				Major findings of operations			
21 15, Birringiace			7 247 4 3	1			
			L. Wade	Actorsy resoltsPHYSICIAN: Please moder	line the caose to which	death should be charged	statistically.
Address 1229	Gerard S	t., N.	W., Wash., D.C.				
. buri	al	Data the	reof 12-13-47	22. VIOLENCE: If death wa			
17. Durial Date thereof 12-13-44 (Month) (day) (year) Cemetery or crematory. Mt. Olivet				Accident, suicide, or homicid			
				Where did Injury occur?	(City or town)	(County)	(State)
Wash D.C.				Injured at homs, larm, indus			******************************
Location			Home V.C. h.	Means of Injury	B.Illen	lijured () work?	
18. Funeral director	courte 1	. Guerar				11/	1011
Address 1820 9th St., N.W., Wash, D.C.					Lt. JG MC U	JSN	
12-11 19 47 Mary G. Patterson Registral			23. SIGNATURE		M. D.	or other	
			Address USNH Bet	thesda, Md.	Date signed	12-11-L7	

Registrar Address.

ADING INK. Supply every item of information carefully. Physicians: please write the causes of death clearly and R

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PLEASE WRITE PLAINLY is especially

(Date rec'd by registrar)

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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CERTIFICATE OF DEATH

Reg. Dist. No. 714

CLI	RITTCATE OF DEATH Reg. Dist. No.
A. PLACE OF DEATH: County Montgomery	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)
City or town	State Penna County McKean City or town Bradford (If outside city or town limits, write RURAL and give nearest town) Street No. (If rural, give LOCATION)
3.(a) FULL NAME CHARLES M. WAGNE	3. (b) Social Security Number
4. Sex 5. Color or race 6.(a)Single, married, widowed, male White WidoWed	MEDICAL CERTIFICATION 20. DATE DF DEATH Sec. 2.5. 184.7 21 1.30 A. M
6.(b) Name of husband or wite	21. I CERTIFY that death occurred on the date above stated: that I attended deceased from years years and that last saw h
8. AGE: Years Months Days II less than one 80 9 18 hrs.	e day
9. Birthplace Titisville, N. Y. (Town, county, and state) 10. Usual occupation Engineer 11. Industry or business 12. Name Unknown Wagner 13. Birthplace Germany 14. Maiden name Caroline Unknown	Due to
16. Informant Mrs. Roland C. Zschieg	Date of op. Actopsy results PHYSICIAN: Please moderline the cause to which death should be charged statistically.
Address 8408 Piney Branch Court 17. Burial & Trans. Date thereol	22. VIOLENCE: Il death was due to external causes, till in the following: Accident, suicide, or homicide
18. Funeral director Daniel & Dungshier Address Silver Spring, Md.	Injured at home, farm, Industry, public place (where?) Means of Injury Injured at work? Jacob Broschart M. D. or other M. D. or other
19. Dec 4 5 19 47 Josephing S.	M. D. or other M. D. or other M. D. or other M. D. or other

JAN 2 1948

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

	Reg. Dist. No.		
1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)		
City or town (If outside city or town limits, write RUHAL and give nearest town)	State & Many Lynn County Monty many		
How long in above piace of death? 3 13 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15	(if outside city or town limits write RURAL (and give nearest town)		
nospital, institution, or street audress where peath occurred:	Street No. 921 Graphand Dine		
921 Highland Dlive	(If rural, give LOCATION)		
How long in hospital or institution?	. 2.(a) If veteran, name war.		
3. (a) FULL NAME	3. (b) Social Security Number		
magaret amelia Walker			
4. Sex V5. Color or raco 6.(a) Single, married, widowed, or divorced	MEDICAL CERTIFICATION		
F Willowed	20. DATE OF DEATH 12 Dec 1947, 21 8 A.		
6. (b) Name of husband or wife George Outhur proller	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from		
7 Blish dele of	1947, to 12 Sec 1947		
7. Birth date of deceased (mo., day, yr.) 9 nov 1867	and that I last saw h. As allve on 1194		
8. AGE: Years Months Days If less than one day	Immediate cause of death		
00 1 3	Corelinal Hemmany 7 de		
80 I I I I I I I I I I I I I I I I I I			
9. Birthplace (Town, county, and state)	Bue to Cathelinosellenous		
to. Usual occupation. Housewife	Bush		
11. Industry or business	Due to		
12. Name John A. Gresler	and the first for		
12. Name John A. Gresler 13. Birthplace	Other cooditions Alamateth		
	(Include pregnancy within 3 months of death)		
14. maiden name.	Major findings of operations.		
15. Birthplace Bellemore, Mick	- Bate of op		
16. Informant De F. E. Johnson	Autopsy results		
Address 921 Highland Dr. Silver Spring m	PHYSICIAN: Flease nuderline the cause to which death should be charged statistically.		
0ate thereof 12-15-49	22. VIOLENCE: If death was due to external causes, fill in the following:		
(Buriai, cremation, or removal. Which?) (month) (day) (year)	Accident, suicide, or homicide		
Cemetery or crematory Washing less Miss. Vark Co	Where did lojury occur?		
Landles Ruises Rd. (Md)	Injured at home, farm, industry, public place (where?)		
LUGATION WAS A STATE OF THE PARTY OF THE PAR	Means of injury injured at work?		
18. Funeral director W. Moon N. Symully gun	meens or injury injured at work?		
Address 5732 Sa., aul, N.W., Wash. DC.	23. SIGNATURE William D. Cend M. D.		
19 Dec 12 1847 Josephine m Ocharle	Aller Asser M. D. or other		

WITH UNFADING INK. Supply every item of information carefully. The correct MARGIN RESERVED FOR BINDING PLEASE WRITE PLAINLY,

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

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11452

CERTIFICATE OF DEATH

Diet No. 218

1. PLACE OF DEATH: County Montgomery City or town Gaithersburg (If outside city or town limits, write RURAL and give nearest town) 2. USUAL RESIDENCE (HOME) OF DEC (For newhorn infants give residence of mother State Maryland County Mo	ontgomery		
City or town Gaithersburg State Maryland County Mc			
VIII TOTAL			
City or town Gaithershurg			
How long in above place of death? 17 Years (If outside city or town limits, write Hospital, institution, or street address where death occurred:			
Sireet No. ±2 Outilion Dollow			
How long in hospital or institution? None 2.(a) If veleran, name war None	rion)		
O () PILL MAMP	//		
THOMAS MERVIN WARD	(b) Social Security Number		
4. Sex 5. Color or race 6.(a)Single, married, widowed, or divorced MEDICAL CERTI			
Male White Single 20. DATE OF DEATH December 1st,			
6.(6) Name of husband or wite None 21. I CERTIFY that death occurred on the date above state April 1st, 1946	. Nov. 30th.,47		
7. Birth date of and that I last saw h III alive on NOVEMD	er 30th, 1947		
Immediate cause of death.	ogenous		
17 17 8 6	2 year		
9. Birthplace Montgomery Co., Maryland Due to Secondary amemia	?		
10. Usual occupation Student			
11. Industry or business High School			
Charles Leslie Ward			
12. Hame. Charles Leslie Ward 13. Birthplace Montgomery Co., Maryland (Include pregnancy within 3 months of the conditions)			
(Include pregnancy within 3 months of	(Include pregnancy within 3 months of death)		
14. Maiden name Daisy Pope Ward 15. Birthplace Montgomery Co., Maryland 16. Informant Mrs. Daisy Pope Ward (mother) Aotopsy results.			
15. Birthplace Montgomery Co., Maryland			
16. Informant Mrs. Daisy Pope Ward (mother) Actopsy results			
Address Gaithersburg, Maryland PHYSICIAN: Please underline the cause to which deal	ath should be charged statistically.		
no VIOLENCE 14 death was due to external sevens dill	in the following:		
Burial Burial Date thereof Dec. 3, 1947 (Burial, cremation, or removal, Which?) Date thereof Dec. 3, 1947 (month) (day) (year) Accident, suicide, or homicide.			
Cemetery or crematory Forest Oak Cemetery Where did injury occur? (City or town)	(County) (State)		
tocation Gaithersburg, Maryland Injured at home, farm, Industry, public place (where?)			
18. Funeral director. HM. Pauler Purphray Means of injury	Injured at work?		
Address Bethesda, Maryland			
19. 12-2-47 19 abrula of Control Registrar Registrar Address Sandy Spring, Mary	land. 12/1/47		



MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

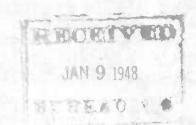
CERTIFICAT	TE OF DEATH Reg. Diat. No. 2/7
Z. PEACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
County Montgomery	(For newborn infants give residence of mother)
City or town Ofwey Macyland (If outside city or town/imits, write RURAL and give nearest town)	State Mary Land County Mout gomery
How long In above place of death?	City or town. Af outside city or town lights, write RURAL and give nearest town)
Hospital, Institution, or street address where death occurred: The Mentgemeny Courty Geneval Hospital &	Street No
How long In hospital or Institution?	(If rural, give LOCATION) 2.(a) If veteran, name war
3. (a) FULL NAME Christine Plizabeth	3. (b) Social Security Number
Daby Gut Waters.	
4. Sex 5. Color or race 6.(a) Single married, widowed, or divorced	MEDICAL CERTIFICATION
Female Col. Single.	20. DATE OF DEATH. December 26 1947 at 8:31 PM
6,(b) Name of husband or wife	21. I CERTIFY that death occurred on the date above stated; that I attended deceased from
	December 26 1947 10 December 261947
7. Birth date of Day 1 - 0 / (G 11 7)	and that I last saw h. C. e. alive on December 26 1947
deceased (mo., day, yr.) RAGE: Years Months Days If less than one day	Immediate cause of death
8. AGE: Years Months Days If less than one day	Prematurity - 7mts-
9. Birthplace Olney, Md. 26 (Town, county, and state)	Due to
1D. Usual occupation	
11. Industry or business	Due Io
	Dther conditions
E 12. Name James heroy Jores 13. Birthplace	
	(Include pregnancy within 3 months of death)
14. Maiden name Jaket Mae Waters	Major findings ol operations.
El 15. Birthplace Emory Grove, Maryland	Date of op.
18. Informant Has pital records	Autopsy results
Address	PHYSICIAN: Please underline the cause to which death should be charged statistically.
12 mill 4) or 31 1947	22. VIOLENCE: If death was due to external causes, fill in the following:
(Burial, cremation, or regional. Which?) Date thereof	Accident, suicide, or homicide
Cemetery or creshatory of many growe	Where did Injury occur?
Location Gaithers Bury my Cc	Injured at home, farm, Industry, public place (where?)
& short & Smouther	Meens of Injury Injured at work?
18. Funeral director	and (
Address / Devolute mile	23. SIGNATURE M. D. or other
19. (Date rec'd by registrar) (Date rec'd by registrar) (Date rec'd by registrar)	Address Saldy Spring M.D. Date signed 17/26/47.
11	

MARGIN RESERVED FOR BINDING

WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The cis especially important. Physicians: please write the causes of death clearly and legibly.

PLEASE

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

... Date signed 12-6

CERTIFICA	IE OF DEATH Reg. Dist. No	266
County Co	2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infacts give residence of mother) State City or town (If outside cky or town limits, write RURAL and give n Street No. (If rural, give LOCATION) 2.(a) It veteran, name war.	nearest town)
3. (a) FULL NAME	3. (b) Social Security	y Number
Lucie M. n. C	Uniteride -	
Hemale White Single, married, widowed, or divorced Widowed.	MEDICAL CERTIFICATION 20. DATE DF DEATH	
6.(b) Name of husband or wife	Def nul. Extens 10	
7. Birth date of deceased (mo., day, yr.) July 5. 1867. 8. AGE: Years Months Days If less than one day	Immediate couse of death.	
80 3- /hrsmln.	Cornery exclusion	dus
9. Birthplace Agusta mainl	Ove to	- State
10. Usual occupation House wife	Due to	
11. Industry or business 16 ome.	Diher conditions	****
13. Birthplace maine	(Include pregnancy within 3 months of death)	
14. Maiden name Sarah Taylor.	Major fieldings of operations.	
may and a marrie	Date of op.	******************
Address P. F. D. 3-mt. Circu mayland	Autopsy results. PHYSICIAN: Please underline the cause to which death should be charge.	ed statistically.
Burial (Burial cremation, or removal, Which?) (Burial cremation, or removal, Which?)	22. VIOLENCE: 1f death was due to external causes, fill in the following; Accident, suicide, or homicide	
Cemetery or crematory Fountain logneture	Where did injury occur? (City or town) (County)	
Location Frostoria OSio.	Injured at home, farm, Industry, public place (where?)	
18. Funeral director. J. B. Beall, dnc,	Means of injury Injured 21 work? Paris O. Barrehart 1/2	m).
Address Damasay, and	- D G 400), or other
(Date rec'd by registrar) 19 4 7 Lella W. Bustelli	Address further law food Date signed	A Comme

FOR BINDING RESERVED MARGIN UNFADING INK. Supply every item of information carefully. ant. Physicians: please write the causes of death clearly and we

WITH UNF important.

WRITE PLAIN is espe-

PLEASE

A15 S

RECEIVED

DFC 13 1947

fully. The correct age and legibly.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

1376

\$ 11450 Reg. Dist. No. 223

CERTIFICATE OF DEATH

1. PLACE OF DEATH:	(For newborn infants give residence of mother)	
county Montgomary		
City or town Takana Park Mary land (If outside city or town limits, write RURAL and give nearest town)	State District of Col. county	
How long in above place of death? 10 12 days	City or fown LVA Shington, write RURAL and give neares	t town)
Hospital, Institution, or street address where death occurred:	street No. 1629 Calumbia Rd., Arganna	Hpts. 40
Washington Sanitarium & Hospital	(If rurat, give LOCATION)	1
How long In hospital or Institution? 10 1/2 day S	2.(a) If veteran, name war	······································
3. (a) FULL NAME	3. (b) Social Security Nu	mber
Williams, Mr. John Mackey 4. Sex 5. Color or race 6. (a) Single, married, widowfed, or divorced		
4. Sex 5. Color or race 8.(a)Single, married, widowed, or divorced	MEDICAL CERTIFICATION	
Male white widowed,	2D. DATE DF DEATH. Que 2 18.47, of	9
6.(b) Name of husband or wife Blanch Morgan Williams	21. I CERTIFY that death occurred on the date above stated; that I attended deceased	d from
6.(0) Name of nusband of wife	8/80 1036 10 Wee >	1947
7. Birth date ofyears	and that I last saw h water on	2 19 47
deceased (mo., day, yr.) July 5, 1868		
8. AGE: Years Months Days If less than one day	Immedia cause of death	DURATION
79 H 28min.	Vylorephilis	12 day
9. Birthplace Tuckahoc N. T. (Town, county, and state)	Due to	3 da
10. Usual occupation Retired	Ulling	Jan Jan
1D. Usual occupation.	Due to	
11. Industry or business	Jen Hollingelin	
# 12 Name Lovis S. Williams	Other conditions he prostation	10 yes
\$ 13. Birthplace Tuckahoe, N. J.		
# F. Manaball	(Include pregnancy within 3 months of death)	
14. Maiden name FM MAR INTERNATION 15. Birthplace Tuckahoe, N. J.	Major findings of operations	
16. Informant Washington Sanitarium & Hospital Rea	Autopsy results	
Address Takoma. Park, Md.	PHYSICIAN: Please underline the cause to which death should be charged state	disticalty.
- 2 1	22. VIOLENCE: If death was due to external causes, fill in the following;	
(Burial, cremation, or removal, Which?) Date thereof	Accident, suicide, or homicide Date of	*****************
Cemetery of crematory Congression	Where did injury occur? ((by or town) (County) (S	
1 1 2 1		State)
Location washington to C	injured at home, farm, industry, pub place (where?)	***************************************
18. Funeral director Harry L' Sly &	Means of injury Injurate work?	
11:11		10
Address 1009- H. Street, H. W. Juaste D.C.	23. SIGNATURE Yourse / Never	my
10 Nec 2 10 41 Houn Woods	M. D. or o	ther /-
19. (Date ree'd by registrar) Registrar	Address Date signed	174/

